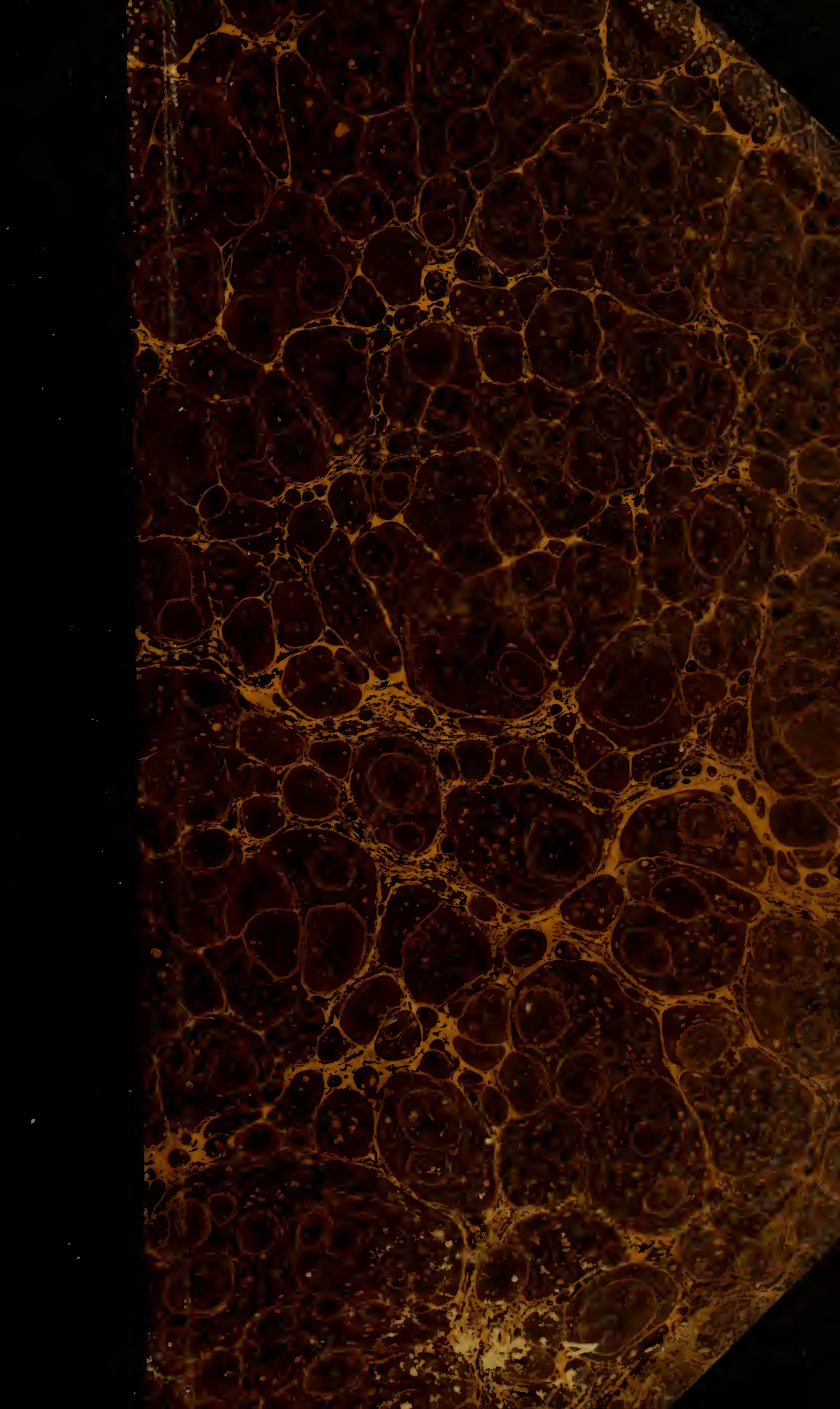
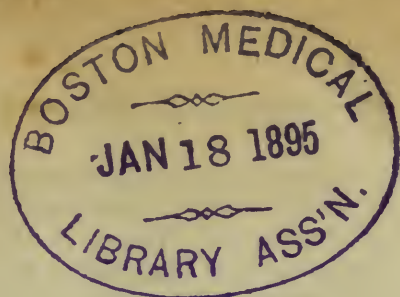




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NO. 1.

THE NATURAL AND MEDICINAL HISTORY OF SPONGE.

COMMUNICATED BY AUGUSTUS K. GARDNER, A. M., M. D., PROF.
OF MIDWIFERY AND THE DISEASES OF WOMEN AND CHILDREN IN
THE NEW YORK MEDICAL COLLEGE.

There are many imaginative persons and rather superficial students of natural history, who are fond of considering the various living creatures, animate and inanimate, as having one origin; and they spend much thought, and more imagination in finding the links which unite the different genera and species with one another; accordingly, we have had the chain of being in the descending scale pictured to us as the white man, the indian, the negro, the orang-outang, the baboon, the monkey; and then through the inferior animals, both terrene and aquatic, till, in the sponge and the sea-anemone, we come to another link which connects the animal with the vegetable world.

It is not my purpose to follow out this seductive day dream, but simply to take up a link in the chain, and to examine it without any reference to this illegitimate interest, simply in its historical relations, and in its application to medicine.

The earliest account we have of sponges is given by Aristotle, some two thousand years ago. He gives an account, curt yet full, of the theories which prevailed among the naturalists before his time, concerning the vitality of the sponge, and mentions the arguments to prove it to be a

sensitive animal, giving the mooted opinion that the sponge voluntarily contracted, clinging more strongly to the rock when an attempt was made to wrench it off, or when torn by the winds and waves of the tempest. He contradicts the opinion of some naturalists, that the sponge lived on small worms, fish and sea-crabs found within the cavities of the sponges, asserting that they merely made these cavities places of refuge or resort. He notes several species and varieties in their coarseness and compactness of texture, stating that the firm and compact species were used to line sandals and helmets, and judging from an expression he uses, insinuates that the helmet of Achilles was thus padded, which would give an antiquity to the knowledge and use of this extraordinary animal of three thousand years.

Pliny the Great, who wrote four years after Aristotle, seems to repeat his views, and describes (Natural History, Book IX, Chap. 69) three varieties; and he classes among "bodies which have a third nature, that of the animal and vegetable combined." He supposed them to live on slime, shell and other fish, as these animals were found adherent to them.

Passing by the various speculations respecting their nature by subsequent writers, we find the following views to be generally received at the present time: Sponges are aquatic productions, and are peculiar to the ocean. Several similar creations, formerly considered to be sponges, which are found in fresh water, are now excluded by the best naturalists.

Sponges are found in numerous varieties in every quarter of the globe, distributed through ninety degrees of latitude, and on the shores of the four continents.

Climate materially affects their growth; and we find in the tropical regions, that their developement is the most perfect. Those most valued, the *spongia communis*, *spongia lacinalosa*, and the *spongia usitatissima*; are inhabitants of the coasts of America, the Mediterranean, the Red Sea and the Indian Ocean. The small and infrequent *spongia compressa*, and *spongia ciliata* are found on the frozen shores of Greenland, beyond the sixtieth degree of north latitude.

It is not known under what pressure of the ocean these delicate creatures may live, but they are found equally on places perpetually covered by the sea, as on those which it leaves dry at every recess of the tide, and attach themselves to bodies of the mineral, vegetable and animal kingdoms indiscriminately. The known range of magnitude of the sponge is perhaps greater than that of any other animal, and it is one of the most irregular of organized beings in extent, form and color. The *spongia compressa* of the Frith of Forth sometimes do not exceed half an inch when full grown,

while the splendid *spongia crateriformes* of tropical seas, acquire a magnitude of four feet. Their most frequent colors are brown and yellow, though they are met with grey, green and white, and in the Red Sea, red and black. The odors of some sponges are decidedly animal, (the *spongia coalita*, when newly taken from the water, smells like the common muscle, and when burnt, still resembles the same bivalve burnt,) others smell like vegetables, the *spongia compressa* having the smell of the common mushroom. Others, as the *oculata*, has no odor.

Modern science has investigated this interesting production, and independent of subordinate varieties under each species, which amount to three or four, Linnaeus has described fourteen distinct species; Pallas, twenty-seven; Gmelin, forty-five; Lamarck, one hundred and thirty-eight; and Lamouroux, one hundred and sixty-three species of marine sponge. Guettard even divided the species into seven great genera. He ransacked the ancient strata of the earth in search of antediluvian species, and has described many fossil sponges, which before had been mistaken for fruits or accidental mineral formations. But the philosophy of the sponge, the immutable foundations on which scientific discriminations of the species ought to rest, the minute investigation of the mechanism, the composition, and the uses of all the parts of this animal, and of the extraordinary phenomena it exhibits in the living state, its mode of growth, its kinds of products, habits and diseases, the means of cultivating an animal which has so long rendered important service to mankind—its mode of propagating the species and extending them over the globe, and the great purposes which it is destined to fulfil in the universe, have remained where Aristotle left them; or rather, in this branch of study, mankind have gone backward, for Pliny conceived that male and female organs were placed on different sponges, although every naturalist has known that the animal was immovably fixed, without locomotive power in any of its parts. In 1752 Peysonell communicated to the Royal Society of London, as the result of his investigations, that like the coral, the sponge was made by little worms for their protection. Aristotle, in plates, now lost, portrays these parasites as occasional inhabitants of the sponge, one of which, the nereis, infest almost every soft zoophyte, as well as the sponge.

Lamouroux considered sponges as living masses without organization, or apparant motion, without a mouth or organs, or anything, in fact, which we observe in other animals.

Massigli was convinced, that the sponge was a vegetable, and was nourished by absorbing water through the holes on

its surface ; and yet he was the first who observed a systole and a diastole of certain round holes on its surface. This extraordinary and inconsistent statement, made for the first time two thousand years after this marine production had been first studied, spread with the fame and writings of its author, and repeated by Ellis to the Royal Society of London in 1765, and copied by Pallas in the following year ; this error of the great Italian naturalist was widely propagated and greatly retarded the progress of this branch of comparative anatomy.

In 1824 Dr. Robert Edmond Grant made fresh observations (and read his views before the Wemerian Natural Historical Society, February 19, 1825). He thus vividly describes his observations :

“ In the month of November last, I put a small branch of the *spongia coalita*, with some sea water, into a watch glass, under the microscope, and on reflecting the light of a candle up through the fluid, I soon perceived that there was some intestine motion in the opaque particles floating through the water. On moving the watch glass so as to bring one of the apertures on the side of the sponge fully into view, I beheld, for the first time, the splendid spectacle of this living fountain vomiting forth from a circular cavity, an impetuous torrent of liquid matter, and hurling along, in rapid succession, opaque masses, which it strewed everywhere around. The beauty and novelty of such a scene in the animal kingdom, long arrested my attention, but, after twenty-five minutes of constant observation, I was obliged to withdraw my eye, from fatigue, without having seen the torrent for one instant change its direction, or diminish in the slightest degree, the rapidity of its course. I continued to watch the same orifice, at short intervals, for five hours, sometimes observing it for a quarter of an hour at a time ; but still the stream rolled on with a constant and equal velocity. About the end of this time, however, I observed the current became perceptibly languid, the opaque floculi of feculent matter, which were thrown out with such impetuosity at the beginning, were now propelled to a shorter distance from the orifice, and fell to the bottom of the fluid within the sphere of vision ; and in one hour more the current had entirely ceased.

“ Numerous experiments of an analogous character, showed that the round apertures on the surface of a living sponge, are destined for the conveyance of a constant stream of water from the interior of the body. This stream conveys away the particles of excrementitious matter constantly separating from the interior of the canals, and which are not only seen by the assistance of the microscope, constantly

arising from the apertures, but are even perceived by the naked eye, propelled occasionally in flakes.

“What relates to the cleanliness of their surface, applies equally to their means of receiving food; for it is only in proportion to the free entrance of water, through the minute pores on the surface, that these animals enjoy health or existence; and we find the arrangement, form and structure of these pores, beautifully calculated to prevent the entrance of all grosser particles into the interior of the canals.”

This examination of Dr. Grant was very important, as it settled the previously mooted question in regard to the physiological character of the sponge, which had been variously considered by naturalists to be a polypus, (Lamarck,) a fleshy substance, possessing no axis, calcareous, or horny, (Cuvier,) or with an axis consisting of fibres, possessing a small degree of irritability, (Prof. Schwerzzer,) a plant, and consequently destitute of nerves and muscular system, and polypi and every kind of spontaneous motion, (Blumenback.)

Microscopic examination of the living sponge, shows it to be composed of fibres, with a distinct, soft, transparent matter surrounding it, susceptible of a slight trembling on being touched, which is the only sign of vitality it possesses. Pliny called this coating blood. This matter is mostly absent in the dried specimens, and the fibres are observed to be regularly celindrical, translucent, of a brownish yellow color, smooth on their external surface, all nearly of the same diameter, and distinctly tubular. They are tough, flexible, very elastic, generally quite straight, and in diameter about a third of that of a human hair.

On examining the living sponge of commerce with a power of about five hundred linear, the fleshy matter will be distinctly observed, having in its interior gemma, which are considered to be its method of reproduction. These are occasionally given off. In the Turkey sponges, the fibres are possessed of vessels, which anastomose in various directions. In some of the tubes of sponge, small moveable globules have been observed, which measured the 1666th of an inch, and the smallest the 50000th of an inch.

For much of this description, we are indebted to Dr. Grant, already alluded to. We turn now to its medical uses. Books have been already written in the German and English languages by Zeller and White on the use of the sponge in surgical operations; but since their day, many changes and additions have taken place. Their fibres contain muriate and carbonate of soda, iodine and carbonaceous matter.

Pliny gives ninety-two observations upon the remedies derived from sponges. He says some consider those which

have the most diminutive holes to be males, and these are often variously colored to gratify luxurious tastes. Those with large holes running into one another, are considered to be females. Some say that their movements are regulated by the sense of hearing, contracting at the slightest noise, and emitting an abundant moisture. When such is the case, it is impossible to tear them from the rocks, and they then emit a sanious secretion. Those sponges are preferred, which grow on spots with a northeast aspect, the physicians assuring us that these retain the breath of life the longest of all; which makes them more useful to the human body, from the union which is thereby effected of their vital principle with our own. For this reason, they are preferred as fresh as possible, and in a moist state, rather than dry. The softest kinds are those used for tents. They are used for cleansing wounds, sores, fomentations. The ashes are recommended for patients suffering from discharges of blood, and topically applied to the forehead cure tertian fevers.

Iodine discovered in 1812, and its medicinal qualities in 1820, probably has forever set aside sponge as a medical agent. Previous to that time, it had a dubious reputation—some lauding it highly, and others entirely denying its virtues in the cure of scrofulous affections of various descriptions. This was evidently owing to the quality of the sponge, the care in its burning and its freshness, as the small quantity of iodine which it contained might easily have been lost. According to Heberger, there was in burnt sponge one per cent. of the iodide of potassium, and five per cent. of the bromide of potassium. One to three drachms was given as a dose of the *spongia usta*.

The curative properties discovered in sponge were unquestionably solely due to the iodine and bromide in it. These ingredients can be far better given in other forms, and without the bulk of the non-essential properties of the sponge.

The future, as well as the present use of sponge, for the treatment of disease, will most probably be found to be derived from its porousness and softness, as a medium for washing sores and ulcers, for applying bland or medicated liquids, cold or heat, to diseased parts; and finally, from its elastic qualities. The *spongio-piline*, as a thick cloth fabricated out of it is called, is a cleanly, convenient and efficient means of applying heat and moisture to any portion of the body. Its cost will prevent its being very generally employed, where, in most cases, a few folds of flannel will do equally as well.

It is but comparatively of late days, that the advantage has been taken of its elasticity in the cure of disease. Drs.

Bachelor and S. Conant Foster of this city, have advocated the use of large pieces, dried under pressure, and after being firmly bound upon diseased portions of the body, allowed to swell by the gradual absorption of water into the texture, and thereby producing a strong and gradual pressure, which often produces the absorption of tumors, gatherings, inflammatory affections of the breasts of females, etc., etc.

Advantage has been taken of this distensible quality, to press open sinuses caused by pieces of dead bone, bullets and the like, the gradual expansion causing little pain, and effectually opening blind sinuses and nearly closed passages.

Strictures of the passages of the body, as the rectum, have been happily overcome by tents of this material. Strictures of the cervix uteri have been very generally treated by sponge tents, and with very great success. With a brief consideration of some of the advantages, and some of the objections to this method of treatment, I will close this paper.

There are various methods of dilating the cervix uteri. For various reasons, which I will not here attempt to enumerate, the gradual expansion of the canal is considered to be, in the majority of cases, the most desirable, in contradistinction to more rapid, forcible and perhaps more painful means. After the orifice has been, by bougies of graduated sizes, rendered permeable by the smallest possible cones of prepared sponge, these are inserted. Twenty-four hours suffices for their full expansion, and also for their becoming most fitted in their character.

This fetor, according to some, arises from the decomposition of the sponge itself, and is supposed to be entirely prevented by a previous boiling of the sponge, and thereby entirely removing the portions of the animal tissue, which is alleged to be the most easily absorbed. This is manifestly not so; for a sponge placed in a situation where the two conditions of heat and moisture are obtained, (such as are found in the cervix uteri,) no such result is obtained. The fetor arises from the blood, and mucus of the organ being absorbed into the sponge, and being there retained, speedily decompose.

But a more serious objection arises from the mechanical action of the fringe-like extremities of the sponge itself, which projects outward, in all directions, and pressed forward by the constant vis-a-tergo of the expanding center, press these continually springy points into the substance of the mucus membrane lining the canal, producing irritation and ulceration.

If this were all, it were perhaps unimportant. But these ulcerations act as starting points for the absorption of pus,

with the results of pyaemia and its attendant ills, if not of death. The great mortality of the pyaemia following the operations for the removal of fibroids of various characters, within the uterine cavity, where the preliminary step has been the dilatation of the cervix by prepared sponge, I consider to be mainly, if not entirely due, to the effects of the sponge, and not to the operation proper.

Is this made clear? The irregularities of the sponge produce ulcerations, the pus from which being absorbed, results often in death, and this unhappy result is generally attributed to the main operation, with which it is little related.

I consider this to be so, because, intra-uterine operations, where prepared sponge is not used, although they may be followed by metritis, peritonitis, etc.—never scarcely are followed by pelvic cellulitis, or pyaemia, and still more rarely by death.

The practical result to which I have arrived, from a consideration of the facts here presented, and a full conviction of their correctness is, that I have, in a very great degree, discarded sponge tents in my practice. On no consideration would I use them, if any other method was possible, where I desired to remove any intra-uterine formation, such as a portion of retained placenta, a fibroid pediculated or non-pediculated, or hydatids.

Where a simple exploration was desired, I might, when no other means were obtainable, employ sponge tents; and then I would envelope them in a covering of india rubber, so thin as to yield to the expanding pressure within.

Far, better, I think, it would be to employ some other tent, of elm bark, gentian root, or, better than all, the smooth surfaced, pliable, triple-expanding stem of the sea-tangle, (*Laminaria Digitalis*), in which no porous cells retain the decomposing fluids, and no sharp points can produce irritation for its absorption. Neither the excellencies, nor the already recognized defects of the sea-tangle, I do not intend to mention. I but chronicle it as a substitute for prepared sponge.

The object of this paper is now accomplished. I have given the botanical and medicinal history of the sponge; shown how its internal use has been superseded by iodine, and that, as a mechanical appliance, it has produced perhaps as many ill results, as good. As a means of cleansing, it may still remain of some service to mankind. It is to be hoped, that ere long, some of the many inventors may create some substitute for even this limited use for sponges. Then the poor divers will not be compelled to earn a precarious livelihood at the bottom of the ocean, fighting with sharks, and subject to immediate death from cerebral or pulmonary congestions,

or more tardy diseases of the lungs, fearfully induced while straining every nerve in pampering the luxurious demands of the world, who little think at what a cost their comfort is effected. Then the pimp and the parasite will no longer be deemed a *sponge* upon the community, for even the pertinency of the name will be lost, with the comparative oblivion which will accompany the general disuse of this article.

A SHORT DESCRIPTION

OF AN OPERATION FOR THE CURE OF TRICHIASIS AND ENTROPIUM, BY DR. BOLLING A. POPE, OF MEMPHIS, TENN.

These diseases of the eye lids are so closely connected, and the operations for their cure so often the same, that I shall, in the following remarks, consider them as but forming parts of one disease. The proposed operation has been performed by me with success for the last two years, in certain cases of the above diseases, and it is offered to the consideration of the profession, with a strong conviction on my part, that my conclusions have not been premature. These diseases are so frequent, and their consequences so distressing, that an improvement in the method of operating for their cure, can but be considered to be of great importance.

The essential advantage of the proposed operation is, that all the parts entering into the formation of the lid, are preserved.

The operative procedure is the following :

The bulbs of the eye lashes are to be carefully dissected from the cartilage, the operation commencing by an incision parallel to the margin of the lid, between the lashes and the mouths of the meibomian follicles. The dissection should be so performed, that the meibomian glands shall remain intact. The extent of the dissection latterly will be determined by the extent of the disease. After the dissection has proceeded far enough to allow a free motion of the bulbs, an elliptical portion of the skin above the hair bulbs, should be removed. In mild cases, no further cutting need be done. In cases, however, where there is much thickening of the tissues beneath the integuments, it will be necessary to take out a portion of the muscle, and expose the cartilage. In extreme cases, it may be necessary to divide that part of the integument containing the hair bulbs, by a vertical incision, and dissect away a portion of the thickened tissues beneath, taking care not to injure the meibomian follicles. The difference

in the lids of different persons, as well as the degree of the disease in particular cases, will determine to what extent the particular steps of this operation should be carried. The parts are to be united by the interrupted suture. Collodion may be used, to assist the effect of the operation, if necessary. The free edge of the lid will gape some, but this will cease to be the case when the cicatrization is complete.

The class of cases which requires such a radical operation is of course limited. Many cases can be cured by means of the lighter operations, described in all works upon the diseases of the eye. Of course, acute cases, of whatever degree, are excluded. Wherever the inversion is caused by radical and permanent changes in the cartilage and soft parts entering into the formation of the edge of the lid, the proposed operation is applicable, and the best in its results. The operation in which the hair bulbs are entirely extirpated, can but be considered a barbarous one, since an important part is thereby destroyed, a thing inadmissible in surgery, where it can possibly be avoided. The lighter operations, as is universally admitted, do not succeed in advanced cases.

The cases in which the operation has been found applicable, will be illustrated in the following histories :

FIRST CASE.

Private William Mannering, Company G, 2nd Arkansas Volunteers, (Confederate,) was admitted to the Ophthalmic Hospital in the latter part of 1864. Patient was prematurely old, being but twenty-seven years old, and presenting appearance of at least forty. He was almost blind from the effects of Chronic Catarrhal Ophthalmia, with which he had constantly suffered since early childhood. The upper lids were much thickened towards their tarsal margins, and at the same time, there was very decided inversion. The conjunctiva of lids was extremely atrophied, and the lids shortened latterly. The lashes were bushy, and some of them were turned strongly back upon the balls, causing great irritation. In the latter part of 1864, I operated on the right upper lid. In this operation, I simply removed a fold of skin and muscle above the hair bulbs, exposing the thickened tissues beneath. I then pared away the redundant tissue from the cartilage, as far down as the hair bulbs. The bottom of the wound was then cauterized with solid nitrate of silver, and the wound left to heal by granulation. The operation failed, there being but a moderate degree of improvement. The changes in the cartilage, and the induration and thickening of the tissues around the hair bulbs requiring a more radical operation, I determined to operate upon the same lid in the manner first

described. The operation was performed on the 26th of February, 1865, and in ten days an entirely satisfactory result was obtained.

SECOND CASE.

T. J. Shelton, aged twenty-six years, has been subject to Catarrhal Ophthalmia from childhood. In September, 1864, was exposed to cold, and had a severe attack of inflammation of the eyes (conjunctivitis.) He presented himself to me for treatment, on the 28th September, 1865. There was Entropium and Trichiasis of all the eye lids, severe chronic conjunctivitis, with extreme atrophy of the conjunctiva. The disease was most advanced in the right upper lid, and in this eye there was a large ulcer of the cornea, caused by the continual rubbing of the lashes, in connection with existing inflammation. The iris was also affected, and there was very decided photophobia. The cartilage of this lid was much changed, being shrunk, thickened and much altered in curvature toward the free margin. The inflammation was treated for a few days, and when sufficiently subdued, the operation was performed, with the addition of the vertical incision, to facilitate the removal of the thickened tissue on the outer surface of the cartilage. The patient was compelled to return home on the sixth day after the operation, having done quite well. At the end of two or three weeks he returned, and it was then evident, that the operation was entirely successful.

THIRD CASE.

Martha Bradsher, aged ten years, presented herself for treatment October 24th, 1865, suffering from Entropium, Trichiasis and Granular Conjunctiva. The patient was delicate and very anæmic, suffering also at the time from Intermittent Fever. The father said that her eyes had been well till last March, but from the condition in which I found them, it is highly probable that the palpebral conjunctiva has been previously diseased, and had at that time first attracted attention. There was little thickening of the lid, but the entropium was as complete as in the class of cases where the lid is much thickened, and the curvature of the cartilage was very much changed. It was altogether one of the most remarkable cases of Trichiasis which had come under my observation, being not the turning in of a few straggling hairs on the ball, or even a row separating themselves from the rest, but a turning inward of all the lashes of both upper lids. Upon the case presenting itself, I did not consider it advisable to operate, till the inflammation of the lids should be

sufficiently subdued. On the 17th of November, 1865, she returned, and I operated on the left upper lid, which was somewhat more affected than the right. Union by first intention took place, except in the skin, which at first united partially, then separated entirely, and subsequently healed by granulation. She returned home a few days after the operation, but came back on the first of December, with the lid operated upon completely cured of Trichiasis, and the eye remarkably improved in every respect. The tarsal margin was nearly natural, and has since continued to approach more nearly the normal standard. On the 15th of December, I operated on the right upper lid, and with complete success. In this last operation union by first intention was obtained, and it will hardly be possible, in a short time, to recognize that an operation has been performed on the lid. Notwithstanding the fact that the incision in the skin of the left lid healed by granulation, still the result is admirable, and the cicatrice will soon hardly be visible.

Where inflammation exists, or being but slight is much increased by the operation, there is danger of ulceration of the edge of the cartilage. This has not occurred to me after this operation, but I have seen it in a case operated on by one in a similar manner. With proper care, this accident is not likely to occur.

In one case, two or three hairs which grew close to the edge of the lid next to the ball, were not included in the dissection, and had to be removed by a subsequent operation, which was quite simple.

It is to be remarked, in conclusion, that the lashes tend somewhat to spread after the operation, in consequence of the drawing produced by the process of cicatrization. This is, however, but a slight objection, since, in most of the cases requiring the operation, this irregularity already exists.

EXTRACT

FROM THE SURGICAL CLINIC OF PROF. H. H. SMITH; REPORTED
FOR THE MONTHLY THROUGH A. H. VOORHIES, M. D.

UNIVERSITY OF PENNSYLVANIA. }
PHILADELPHIA, December, 1865 }

LITHOTOMY. OCTOBER 11, 1865—CASE.

Patient, a boy aged seven years, complexion clear, eyes blue, hair sandy. According to the account of his parents

he "suffered from colicky pains and difficulty in passing his water while an infant." His condition not having improved under treatment, his parents were induced, during the summer of '62, to make a visit to Europe, hoping that a change of air and the excitement of a sea voyage, might benefit his health. While crossing the ocean, his symptoms suddenly disappeared, and the child enjoyed uninterrupted good health until April, 1865; when he was again attacked with violent pain, experienced great difficulty in passing urine, and complained of intense pain at the head of the penis, and other symptoms simulating those of stone. Since April, these attacks have been frequent. When brought into the ward, his pulse was rapid and quick—his face wore an anxious, painful expression—he suffered from frequent attacks of severe pain, passes his urine at times with interrupted stream, has a strong disposition to pull the prepuce, and his finger tips are shriveled. There is, also, marked constitutional disturbance.

The lad has been placed under the influence of anæsthesia before being brought into the amphitheater. The presence of stone is made manifest by the sound; the click of the sound upon the stone rendered quite audible to the distant parts of the room, by the sounding board.

Operation.—Lateral operation performed, and stone removed. The stone weighed one hundred and ninety-eight grains.

After Treatment.—The patient's limbs will be firmly bound together. He will be placed in bed, and kept on the left side and back, and carefully watched, guarding against bed sores. Opiates to be given freely, if necessary.

Result.—The case recovered without an unfavorable symptom. Urine was passed by the urethræ on the ninth day, and on the twenty-first day after the operation, the patient was discharged cured.

OCTOBER 14, 1865—CASE.

A man, aged thirty-nine years, complexion fair, eyes grey, hair sandy. This patient states, that he has suffered from gravel since 1854. He first noticed gravel in his urine, while convalescent from an attack of fever. About a year since, a pebble became lodged in the urethræ so firmly, that it was removed by instruments. Since that time, his sufferings have been more severe, and the symptoms of stone better developed.

The presence of the stone is detected by the sound; the sounding board, the click of the sound upon the stone quite audible to the class.

Lateral operation performed, and stone removed. Stone weighed one hundred and seventeen grains.

Result.—This case progressed favorably, with the exception of a slight attack of colic on the third and fourth days after the operation. Urine passed the urethræ on the thirteenth day after the operation. On the nineteenth day, the patient was able to leave the ward.

THE REDUCTION OF DISLOCATION OF THE HEAD OF HUMERUS
SEVEN WEEKS AFTER THE INJURY. OCTOBER 28, 1865—CASE.

Woman, aged forty years. This woman, who presented herself near the close of the hour on last clinic day, again appears for the purpose of having reduction attempted. She states that seven weeks since, while gathering grapes, she lost her foot hold on the arbor, and in the attempt to save herself, caught with the right hand, the weight of the body coming suddenly upon the arm—her grasp gave way, and as she fell, the arm struck the ground while extended from the body.

The history of the case is somewhat obscure. What complications existed at the time of injury, it is impossible to learn? From the dressing worn, and statement of the patient, it appears that the treatment for fracture of the shaft of the humerus has been carried out. She states that recently, three attempts have been made to reduce the luxation. The evidences of powerful extension and counter extension, are visible on the arm, and in the armpit. These powerful efforts have been followed by inflammatory action. You will notice the flattened shoulder; the position of the arm. There is also marked depression under the acromian process, under which the finger can be readily hooked. The head of the bone can readily be felt in the axilla; there is impaired mobility, and inability of the patient to grasp the opposite shoulder.

The patient will be placed fully under the influence of anæsthesia, and complete muscular relaxation thus induced.

Now that the patient is fully under the influence of the anæsthesia; on making passive motion, I find that adhesions have formed, binding the head of the humerus to the neck of the scapula. These adhesions yield to a moderate amount of force. Motion having rendered the head of the bone free, I shall now endeavor to elevate the elbow and arm as high as possible. There are still a few adhesions. Now, flex the forearm at right angles with the arm, thus relaxing the supraspinatus muscle. Now, I use the forearm as a lever, and rotate the head of the humerus upward and forward, and thus relax the infra-spinatus, carrying the rotation as far as

possible. I keep the forearm a few seconds in its position, with the palm of the hand looking upward; then bring the elbow promptly and steadily down to the side, carrying the elbow toward the body, and keeping the forearm so that the palm of the hand is still looking toward me. Now, quickly but gently rotating the head of the humerus upward and outward, by carrying the palm of the hand downward and across the body of the patient; the head of the bone will probably be brought to its proper position. In this instance, you will see that the first attempt has not been successful.

Another attempt will be made. This you will see is successful. The head of the bone is in its proper place. The rotundity of the shoulder is in a great measure restored, and the hand is readily brought over, and made to grasp the opposite shoulder.

The third roller of Dessault will be applied to retain the head of the bone in position, and directions will be given to have leeches applied to the shoulder.

November 1.—This patient was again shown the class, and passive motion made, a sling applied, and the patient directed to return to her home.

THE LEGAL

RESPONSIBILITIES AND RIGHTS OF PHYSICIANS AND SURGEONS;
BY C. W. HEISKELL, A. M., MEMPHIS, TENN.

Physicians and surgeons, who are wholly occupied in the erudite study and constant practice of their profession, have but little time to devote to subjects like this; and, therefore, it is hoped that it will not be considered improper, to place before them a short article on their responsibilities to the State, *criminally*, and to their patients in *damages*, for professional malpractice; and also, to define their peculiar rights, and the *legal* bearing of their profession on society. Of course, the professors of medicine are responsible, criminally, like all citizens for *crimes* against the State; but there are certain *infractions* of municipal law, peculiar to the different vocations of men, *as such*. Thus, in Tennessee, it is a high crime in an attorney, *as such*, to give in evidence, or otherwise disclose the confidential communications of his clients.^a

^a Code, Secs. 3973-4-5.

So the physician is criminally responsible for certain offenses peculiar to his profession; and

First.—Physicians are sometimes answerable, criminally, for *mala praxis*.^a Malpractice has been classified by legal writers under three heads.

I.—Willful malpractice, which takes place where the physician purposely administers medicine, or performs an operation, which he knows and expects will result in danger or death to the individual under his care, as in case of criminal abortion.

II.—Negligent malpractice, which comprehends those cases where there is no criminal or dishonest object, but gross negligence of the attention which the situation of the patient requires, as if a physician should administer medicine, while in a state of intoxication, from which injury would arise to his patient.^b

III.—Ignorant malpractice, which is the administration of medicines calculated to do injury, *which do harm*, and which a well educated medical man would know were not proper in the case.^c

Physicians and surgeons, then, are criminally responsible for willful, negligent and ignorant malpractice. But how far? They are bound to use competent skill, and sufficient attention,^d care and assiduity.^e And they are guilty of *manslaughter*, if they cause the death of another through gross want of skill, or gross inattention, or the grossly unskillful or incautious use of a dangerous instrument;^f or gross rashness in the application of a remedy of *which death is the consequence*.^g But it is decided upon high authority, that “a medical man (whether physician or surgeon) is *not* chargeable with manslaughter, *unless* he has been guilty of *criminal* misconduct, arising from either the grossest ignorance (*crassa ignorantia*,) or the most criminal, or as some of the cases have it, scandalous inattention.^h And upon the highest authority, it is said, that if a physician gives a person a potion without any intention to do him any bodily harm, but with intent to cure or prevent a disease, and contrary to the expectation of the physician, it kills him, this is not homicide, but misadven-

^a Bouv. L. Dic. tit. Physician. 1 Rus. on Crimes 503. Com. Dig. h. t.

^b In Mississippi, and probably in other States, in such case, if death ensue, the physician is guilty of manslaughter. Code of Miss., 1857, p. 602.

^c Bouv. L. Dic. Vol. 2, pp. 113-14.

^d 1 Rus. on Crimes, 503. 1 Bishop's Crim. Law, Sec. 230. Rex vs. Spiller, 5 Carington & Payne, 333.

^e Rex vs. Spilling, 2 M. & Rob. 107. See Rex vs. Simpson. 1 Lewin C. C. 172. Rex vs. Furgerson, 1 Lewin C. C. 181.

^f Rex vs. St. John Long, 4 Car. & Payne 423.

^g Rex vs. Long, 4 C. & P. 398. Quoting Lord Ellenborough in Rex vs. Williamson, 3 C. & P. 635.

ture—and the like of a *chirurgion*.”^a Said Justice Park in *Rex vs. Long*: “It is God who gives—man only administers medicine, and the medicine that the most skillful may administer, may not be productive of the expected effect; but it would be a dreadful thing, if a man were to be called in question criminally, whenever he happens to miscarry in his practice.”^b “God forbid, saith Lord Hale, that any mischance of this kind should make a person guilty of murder or manslaughter.”^c And so we may conclude, that if a physician, *bona fide*, and honestly exercising his best skill to cure a patient, performs an operation, or gives a medicine which causes the death of the patient, he is guiltless.^d Yet, if his conduct is characterized either by gross ignorance of his art, or gross inattention to his patient’s safety,^e or as an eminent judge expresses it, “if he act wickedly, he is criminally responsible, and he acts wickedly when he is grossly ignorant, and yet affects to cure people, or when he is grossly inattentive to their safety.”^e The law, as above laid down in regard to physicians, is applicable to persons *practicing physic*, though not physicians regularly licensed.^f Nevertheless, if a person, grossly ignorant of medicine, administer a dangerous *remedy to one laboring under disease, proper medical assistance being at the time procurable*, and this dangerous remedy causes death, the person so administering it is guilty of manslaughter.^g Such is the English law upon this subject. The Scotch law is even more severe, requiring of the medical practitioner greater skill and attention than the English, in order that he escape criminal responsibility.^h In the United States it is presumed the English law would be followed, though I have been able to obtain but few American cases on the subject. In Massachusetts it is received as sound law,ⁱ and probably in Missouri.^j In Illinois, a physician, indicted for the murder of a person who had died of smallpox, communicated to him by the physician’s patients whom he had inoculated, was convicted of manslaughter; but it was held on a motion for a new trial, that it did not amount to that crime, as there was no unlawful design.^k

There is no decision in Tennessee on the subject; but it is

^a 1 Hale. Crown Pleas 419. 4 Blk. 197. 4 Car. & Payne 398.

^b *Rex vs. Long*. 4 C. & P. Quoting Lord Ellenborough in *Rex vs. Williamson*. 3 C. & P. 635.

^c Hale C. P. 419. 4 C. & P. 398.

^d 1 Rus. on Crimes 496. *Rex vs. Van Butchel*. 3 Car. & Payne 629.

^e 4 Car. & P. 398.

^f 5 Car. & Payne, 333. 4 C. & P. 423.

^g *Rex vs. Web*, 1 M. & Rob. 405. 2 Lewin C. C. 196.

^h Allison Crim. L. 116.

ⁱ *Commonwealth vs. Thompson*, 6 Mass. 134.

^j *Rice vs. State*, 8 Mo. 561.

^k *Failce vs. the State*, 11 Ill. 1.

supposed the English doctrine above laid down, would be followed, should a case unfortunately arise.^a One cannot well refrain from the just tribute due the medical professor, generally, in this country, and especially of this State, for their fidelity and skill in their profession, as evidenced by the paucity of cases on this subject in our books.

Second—Should the injury arising from malpractice fall short of death to the patient, this is said to be a great misdemeanor, (whether occasioned by curiosity and experiment or neglect,) because it “breaks the trust which the patient has put in the physician, and tends to his destruction.”^b So in the civil law—neglect and want of skill in a physician or surgeon, “*culpa adnumerantur; veluti si medicus curationem dereliquerit, male quempiam secuerit, aut perperam ei medicamentum dederit.*”^c But it is presumed, that the gravity of the misdemeanor would be measured by the extent of the injury done the patient, and the misconduct of the physician in each particular case. After the most diligent search, I have, however, been unable to find a single case—unless the case of Dr. Groenvelt,^d above referred to, is such—where a physician was convicted of a *misdemeanor* for malpractice, falling short of death to the patient.

Yet, it is the law, that the medical practitioner, for professional dereliction short of death to the patient, may be punished for a misdemeanor. But, as the injured party has his action for damages in these cases, a resort is made to this mode of redress, instead of by indictment for a criminal offense. The law was formerly more strongly laid down against one practicing as a physician, but who was not a regular physician, for his malpractices.^e In one case,^f it is said “such a one may have no evil intention, and may have a good one, but he has no right to hazard the consequences in a case where medical assistance may be obtained; and if he does, he does it at his peril, and in that case, the prisoner was convicted of manslaughter.” And in another,^g it is said, “it is

^a Any one wishing to examine the cases on this interesting subject, are referred, in addition to the cases above cited, to these: 5 Car. & Payne 410, 420. 1 Moody & Ryan 405. 1 Russel on Crimes 495, 505. 1 Bish. C. L. Sec. 413. Wharton Am. Crim. Law 385. Briton ch. 5. Miner's ch. 227. Lunir's Case. 1 Mood. C. C. 346. Tessimond's Case. Lewins C. C. 169.

^b 2 Rus. on Crimes 277. 3 Blk. 122. 1 Ld. Ray. 213-14.

^c Inst. 4, 3, 6 and 7.

^d Dr. Groenvelt was convicted in 1692 by the COLLEGE OF PHYSICIANS in London for his ill practice of medicine, and fined £20 and COMMITTED TO JAIL. The case came before the courts on a writ of Habeas Corpus, and the Doctor was discharged, upon the ground, that they had no authority to punish criminally. 1 Ld. Raymond 213-14. It is remarkable, that the physicians themselves made the only conviction on record of one of their profession, for malpractice resulting in injury short of death; and in that case the court did not allow the conviction to stand.

^e Britt. c. 5, 4. Inst. 251. 4 Blk. 197.

^f Rex vs. Simpson, Willcock 227.

^g 1 Cur. Hawk 104.

certainly highly rash and presumptuous for unskillful persons to undertake matters of this nature; and, indeed, the law cannot well be too severe in this case, in order to deter ignorant people from endeavoring to get a livelihood by such practice, which cannot be followed without manifest hazard to the lives of those who have to do with them." This appears to be wholesome doctrine, and such as would deter medical impostors from working the ruin of many of the human family, thus bringing the honorable and beneficent profession of medicine into disrepute among their victims; and it is to be regretted that the modern doctrine does not so regard quacks and nostrum-mongers, as to form a great legal breakwater against the inundation of modern patent medicines, medical charlatanry and empiricism. But the modern doctrine places the regularly educated, and the irregular, uneducated physician upon the same footing; thus, *a person acting as a medical man, whether licensed or unlicensed, is not criminally responsible for the death of a patient, caused by his treatment, unless his conduct is characterized either by gross ignorance of his art, or gross inattention to his patient's safety.*^a But as before remarked, if proper medical assistance is procurable, and one grossly ignorant of medicine, administer a dangerous remedy which causes death, the person administering it, is guilty of manslaughter.

Third—We come now to the responsibility of physicians and surgeons to their *patients in damages* for malpractice. Blackstone lays down the general doctrine, that every one who undertakes an office, employment, trust, or duty, impliedly *contracts* to perform it with integrity, diligence and skill; and if, by his want of either of these qualities, injury accrues to individuals, they have their remedy in damages.^b The law implies a contract, then, on the part of a medical man to discharge his duty in a skillful and attentive manner, and it will grant redress to the party injured by his neglect or ignorance.^c In Tennessee, the law on this subject is thus laid down: "The physician impliedly contracts with those who employ him, that he has such skill, science and information, as will enable him properly and judiciously to perform the duties of his calling, and if he should be deficient in these respects, he has violated his contract, and must account in damages."^d But

^a Rex vs. St. John Long, 4 Car. & Payne 398. See also 1 Russel on Crimes 495-6. Lord Hale quoted in 6 Mass. 134-40. 1 H. H. P. 429. Rex vs. Van Butchel, 3 C. & P. 629.

^b 3 Blk. 163.

^c Slater vs. Baker, 2 Wils. 359. 3 Blk. 122, n. 7. Seare vs. Prentice, 8 East 243. Chitty on Cont. 485. 2 Bouv. L. Dic. 321. 1 Ld. Ray. 213. 5 Days R. 260. M. & Rob. 107. 1 Briam Med. Leg. 50.

^d Wood vs. Clapp, 4 Sneed 65-7.

this implied contract is not to cure, nor to use the highest possible degree of skill, but to possess and employ in the treatment of a case, such fair, reasonable and competent skill and diligence, as are ordinarily exercised by those thoroughly educated in the medical profession.^a And in judging of the degree of skill required, regard is to be had to the advanced stage of the profession at the time.^a And it is a question for the jury to settle in these cases, whether the injury complained of must be referred to want of a proper degree of care and skill in the defendant, or not.^b If the jury decide that there has been a want of these, of course, they will give damages commensurate with the injury sustained.

Under some circumstances, a physician or surgeon will be held strictly answerable for the consequences of his professional action or neglect. Thus, where a physician, without the *consent* of his owner, gives medicine to a slave, he is responsible for all the evil consequences which result from his act.^c And I presume the same would be so, of giving medicine to a child, or infant ward, without the consent of the parent or guardian. But in general, "a physician is responsible only for ordinary and reasonable care and skill, and the *exercise of his best judgment in matters of doubt*, and not for want of the highest degree of skill,"^d However, he is liable for *ignorance* as well as *negligence*.^e And it is the duty of the patient to co-operate with his physician, and to conform to the necessary prescriptions, and if he *will not*, or if, *under the pressure of pain*, (not caused by his medical adviser,) he cannot, he has no right to hold his physician responsible in damages.^f So a physician is expected to practice according to his professed and avowed system, where there is no system established or favored by law, and none is prohibited.^g Hence, the homeopathist can practice according to his system, and so with the adherents of other systems. Of course, it cannot be meant here, that if an adherent of any particular system, by going out of that system in a particular case, effect a cure, he will be liable for damages; but that so long as he practices according to his system, and is not guilty of malpractice according to that system, he will not be so liable. In *Slater vs. Baker*

^a Gallaher vs. Thompson, Wright 466. Howard vs. Grover, 28 Maine 97. 2 Martin 68-75. Lampier vs. Phipos, 8 C. & P. 475. See also 5 Bing. N. C. 733. 8 Scott 60-3.

^b McCandles vs. McWha, 22 Penn. 261. 1 Hilliard on Torts, 254. 8 C. & P. 475.

^c Hind vs. Grimes, 13 B. Mon, 188. And in one case in South Carolina vindictive damages were given. Genay vs. Norris, 1 Bay Rep. 6.

^d 1 Hilliard on Torts, 253. Leighton vs. Sargent, 7 Foster En. R. 460. Wood vs. Clapp, 4 Sneed Tenn. R. 65. Alder vs. Buckley, 1 Swan Tenn. 69. Landon vs. Humphreys, 9 Conn. 209.

^e 2 Wils. 359. 8 East 348. Bull N. 73.

^f 1 Hilliard on Tort, 253. Leighton vs. Sargent, 7 Foster 460.

^g Bowman vs. Wood, 1 Iowa 441.

& Stapleton,^a a man's leg being fractured, was set, and the callus was formed, when a surgeon and apothecary *disunited* the callus, *without the consent* of the patient, *which was contrary to the rule of the profession*. The operation was performed with a *new* instrument; this being the first experiment with the instrument. The court said: "It was improper to disunite the callus *without consent, contrary to the rules of the profession*. It is reasonable that the patient should be informed of what was about to be done to him, that he may take courage and nerve himself for the operation." * * * "This was the first experiment with this new instrument, from any thing that appears to the contrary; and if it was the first, it was a rash action, and he *who acts rashly, acts ignorantly*." The first portion of these remarks seem sensible and proper; (but, quere? if he who first uses a new instrument, acts rashly, and consequently *ignorantly*, when is a new instrument to be introduced in the profession?) But the case shows that medical practitioners are liable to damages, unless they use great care, and are very cautious in performing such important operations. So much for the responsibility of educated physicians and surgeons. How is it with those not making public profession of medicine? These are not answerable in damages. For it is a man's own folly to trust to one who is unskilled. However, *upon an express undertaking*, such person would be answerable just as a physician is.^b In other words, if a man holds himself out to *the world* as a physician, he is responsible in damages for his malpractice, whether he is a physician or not; and if he do not hold himself out, he is not so responsible, unless upon an express contract. Therefore, if A calls on B, who is not a physician, and does not profess to be one, and B goes and does the best he can for the patient, he is not responsible in damages for an injury resulting from his treatment, though he would be, if he professed to be a physician—and this, whether he was one or not.

But the physician is not only responsible in damages for his malpractice, but also for that of his apprentice.^c And so, if two or more physicians, upon consultation, perform an operation which one would not undertake alone, they are both responsible in damages, if injury result therefrom, owing to their unskillfulness or carelessness.^d

Fourth—It may not be out of place here, to state the rule of evidence with regard to the examination of physicians as wit-

^a 2 Wilson 359.

^b Bacon Abridgment, 135.

^c Hancke vs. Hooper, 7 Car. & P. 81.

^d Slater vs. Baker & Stapleton, 2 Wilson 359-61.

nesses. Upon this subject, much learning has been employed. But without entering into the discussion of the question, whether they ought or ought not to be compelled to divulge confidential communications, obtained from their patients in the course of their practice, it is sufficient to state the result of the authorities on the question; which is, that "physicians and surgeons are bound, as witnesses, to divulge any information, which they have acquired confidentially, from their patients by attending them professionally."^a In New York and Missouri, and probably in other States of the Union, they are *prohibited* by statute, from disclosing such communications.^b But the above is the general doctrine in England and America.

Fifth—We come next to speak of the rights of physicians and surgeons, *as such*: and first; they have a right to damages for slander or libel of them, in their professional character,^c whether the slander impute to them want of integrity or capacity.^d It is laid down as a general rule, that a charge imputing to the physician *gross ignorance* and *unskillfulness* in his profession, is actionable *per se*. That is, the law presumes damages from the very nature of the charge.^e As saying of a physician, "he killed the child by giving it too much calomel," is actionable *per se*.^f So to call a physician "a quack,"^g or "an empiric and a mountebank,"^h or a "quack salver,"ⁱ are all actionable *per se*. And it has been said, that to say of a physician "he is no scholar," is also, "because no man is a good physician, *unless he is a scholar*."^j In all these, and all cases of charging unskillfulness and ignorance to the physician in his professional character, if spoken or written *maliciously*, the law presumes damages, and none need be proved, in order to a recovery. But if the charge does not impute gross ignorance and unskillfulness, as to call a physician "an adulterer," whereby he loses in his professional character, in this and like cases, the law does not presume damages, and the damages recoverable, are measured by the loss to him in his professional character, and this loss is ascertained by the jury, upon the *special damages* proven before them, as the result of the slander.^k

^a *Dutchess of Kingston's Case*, 11 Hargr. St. Tr. 243. 20 Howel's St. Tr. 613. *Rex vs. Gibson*, 1 C. & P. 97. *Broad vs. Pitt*, 3 C. & P. 518.

^b Revised Stat. N. Y. Vol. 2, p. 406, Sec. 73. Code of Mo. 1835, p. 623, Sec. 17.

^c 3 Wils. 59. 7 Moore 200.

^d 3 Blk. 123 and note 9.

^e 1 Hilliard on Torts. 327. *Secor vs. Harris*, 18 Barb. 425.

^f 1 Hilliard on Torts. 328. *Johnson vs. Robertson*, 8 Port. 486.

^g *Finch's Law*. 186.

^h 9 Bac. Ab. 49. 1 Roll. Ab. 54. *Goddart vs. Haselfoot*.

ⁱ 9 Bac. Ab. 49. 1 Roll. Ab. 54. *Allen vs. Eaton*.

^j 9 Bac. Ab. 49. 1 Roll. Ab. 54. *Crawdry vs. Chickly*, Cro. Car. 270.

^k 3 Blk. 124.

Sixth—Physicians and surgeons, have a right to sue for fees. This was not anciently the law, as regards the physician,^a unless upon an express contract.^b And the rule was the same though he was not a physician, but passing himself off as such.^c But a surgeon could;^d and he could sue for *medicine* dispensed to patients who were under his surgical treatment, whenever the medicine was subservient to the discharge of his duty as a surgeon.^e But the doctrine is now well established, at least in this country, that a licensed physician or surgeon can recover his fees for professional services.^f But in some of the States they cannot recover unless licensed.^g And in Missouri, by statute, it is an indictable offense to *practice without license*.^h And it is decided in some of the States, and it is presumed it would be held sound law in all cases of the kind, that mismanagement of a case, or the communication of a disease—smallpox, for instance, to the family by a physician, who was tending them and smallpox patients at the same time—the wife protesting against his attending while going among smallpox patients—could be given in evidence to defeat, in whole or in part, the physician's action for the recovery of his bill.ⁱ Physicians and surgeons may not only maintain an action to recover fees for their own services, but they may also recover for the services of their students in attendance upon their patients.^j

Seventh—In conclusion, it may be remarked, that courts of equity look with jealousy on transactions between parties who stand in any fiduciary relations, or relations of a *similar character*, by which an undue influence may be obtained by one over another; and unless he who receives the benefit, can show that it was conferred understandingly, and with full knowledge of the circumstances, and *apart from the bias of that connection*, equity will set it aside.^k Physicians are of this class, occupying a quasi fiduciary relation to their patients, and hence benefits bestowed on a physician by his

^aChorley vs. Balcott, 4 Term. Rep. 317, in 1791, is the first case in England where it was decided that a physician could not recover fees for professional services. See also Chitty on Con. 500. 1 Car. & M. 370.

^bVeitch vs. Russel, 3 Gall. & D. 198. 3 Ad. & E. N. S. 928.

^cLipscome vs. Holmes, 2 Camp. N. P. 441.

^dBaxter vs. Gray, 3 Man. & G. 771. 4 Scott N. R. 374. Tuson vs. Batting, 3 Esp. 192. 4 C. & P. 581.

^e4 Brig. 619. 1 M. & P. 588. 3 Car. & P. 246. 4 Tyr. 325.

^f3 Blackford Ind. R. 269. Rouse vs. Morris, 17 S. & R. Penn. R. 328. Fairchild vs. Bell S. C. R. (MSS.) Hughes vs. Hampton, Const. R. 745. Newman vs. Washington, M. & Yer. Tenn. R. 79-82. Fisk vs. Townes, 7 Yer. Tenn. R. 146.

^gAllcott vs. Barber, 1 Wendel N. Y. R. 526. 15 Wen. 395. Berry vs. Scott. 2 Har. & Gill Md. R. 92. Thompson vs. Morrison, 14 Johns. 369. Smith vs. Tracy. Hall 465. Hewitt vs. Charier, 16 Pick. 352.

^hState vs. Hall, 15 Misso. 607.

ⁱPiper vs. Menifee, 12 B. Mon. K. & R. 465. See also 1 Swan, Tenn. R. 69-70.

^jPeople vs. Monroe, 4 Wend. 200.

^kAdams Equity 184 note.

patient, will be set aside by a court of equity, where the physician exerts an undue influence over the patient in obtaining the benefit. Thus, a physician for many years attended an ignorant shoemaker, charging him usually £25 a year. The shoemaker's daughter married a nobleman, and his position being thus suddenly changed, the physician took the shoemaker's note for £325, which was shown to be far more than his services were worth. The court said: "This is a case where a medical attendant has taken from a poor patient, a promissory note for an amount beyond what was due him, upon the most extraordinary scale of charges, and this at a time when the patient's position in life was about to be changed. No part of the jurisdiction of the court is more useful, than that which it exercises in watching and controlling transactions between persons standing in a relation of confidence to each other; and in my opinion, this part of the jurisdiction of the court cannot be too freely applied, either as to the persons between whom, or the circumstances in which it is applied. The jurisdiction is founded on the principle of correcting abuses of confidence; and I shall not hesitate in saying it ought to be applied, whatever may be the nature of the confidence reposed, or the relation of the parties between whom it has subsisted. I take the principle to be one of universal application, and the cases in which it has been exercised—those of trustee and *cestui que trust*, guardian and ward, attorney and client, physician and patient—to be merely instances of the application of the principle. In this case, there can be no doubt that a relation of confidence existed, and equally little doubt that advantage has been taken of that confidence." The court, therefore, rescinded the transaction, and allowed the physician only what his services were really worth.^a So that under such circumstances, a physician cannot accept a personal benefit from his patient, without exposing himself to the risk—proportion to the nature of the connection—of having it set aside, in equity, as unduly obtained,^b and the *onus of establishing its fairness rests upon him.*^c

Thus, having treated the subject in hand, I conclude with the hope, that this essay may prove interesting, if not instructive to the medical profession—a profession occupying a deservedly high place among the vocations of men, and whose practitioners hold the honorable and responsible station of guardians of the public health, and conservators of the happiness of society.

^a Billage vs. Louthier, 9 Hare 534. See also Aheame vs. Hogan, 1 Drury 310.

^b Adams Equity 184.

^c 9 Hare 534-40.

EXCISION AND RESECTION

OF THE BONES AND JOINTS OF THE UPPER EXTREMITY : BY D.
D. SAUNDERS, M. D.

While Ixion's wheel of fortune rolls on, crushing the fondest hopes and ambition of man and nations, and putting new phases upon the arts, it leaves its impress no less upon the progress of surgery and medicine. It is the duty of lovers of science, amid the scientific and political revolutions which convulse the world, not to lose sight of the great landmarks and principles which should guide them in their pursuit of truth. The fruits of a close practical observation in surgery, are worth far more to the profession, and to suffering humanity, than the too frequent habit of theorizing. The field for practical surgical observation, presented by the last four years of blood and carnage which have ravaged our country, has not been surpassed in the history of the world; and I propose, in this article, to give the result of a few of my observations on excision of the bones and joints of the upper extremity, during that time.

It fell to my lot during 1863, 1864, and a part of 1865, to have charge of large hospital posts in proximity to the Army of Tennessee, where a large number of Confederate wounded were treated. I was fortunate in having associated with me, a corps of medical officers who were noted for their efficiency, sobriety and conscientious discharge of duty. Their attentions to their patients were untiring, and every possible care, with the limited resources at their command, was taken to insure the success of all surgical operations. Many of the medical officers were skillful operators, and every attention to the after treatment was given by them, as well as the corps of nurses. The tendency of the human mind, under many circumstances, is to run to extremes, and thus it proved as to resection during the late war, many of these operations having been performed when amputation should have been practiced, thereby curing the patient much more rapidly, and in some instances relieving the sufferer of a useless limb, which remained ever afterward a source of annoyance, rather than benefit.

Many circumstances should be taken into consideration by the surgeon, when called to operate on injured joints, in military practice. Is the patient to be transported any distance? Is his general condition such as to stand the drain of prolonged suppuration in a crowded military hospital? Can he be furnished with careful nurses and suitable diet? These, with many other considerations, are to be thought of,

to say nothing as to the amount of bone to be removed; for when the injury to the shaft of the bone is extensive, the question of amputation is to be carefully weighed.

Resections of joints for gunshot wounds may be primary, intermediate, secondary, complete, or partial. Primary operations for all gunshot injuries are preferable to any other. Intermediate resections of the shoulder and elbow joints for gunshot injuries, are far more successful than for other intermediate operations.

In many cases of injured joints, where there is much redness and swelling, the hemorrhage occurring during the operation, and the removal of the loose spiculae of bones, which are driven into the surrounding muscular tissues, and greatly fretting and irritating them, will exercise a beneficial influence, and are not subject to the same objections which may be justly urged against intermediate operations for other injuries. Partial resections are those where only a part of one bone is removed, and not the whole entering into the formation of a joint. It may even apply to the thorough cleansing of a wound from all loose spiculae of bone which may be so far detached from their periosteal attachments, as not to retain their vitality. In partial resections, all pieces of bones which are sufficiently comminuted or detached not to retain their vitality, should be removed, or they will act as foreign bodies, and become a source of irritation.

Resections were largely practiced in the late war, and observation demonstrates their great utility, when judiciously performed, thereby adding another wreath of victory to conservative surgery. It should be borne in mind, however, that a nice discrimination is necessary, in order that cases which should be amputated, may not be subjected to resection, thereby entailing upon the unfortunate sufferer a useless limb, and raising a monument to the ignorance or want of judgment of the profession.

I shall now speak of the different joints in detail, commencing with the shoulder joints. It should be remembered, that in this article, I allude only to the resections following gunshot wounds. This operation was first performed for disease of this joint, in 1740, by Thomas of Pezenas, in Languedoc, and afterward by White of Manchester, in 1768. Since that time, it has been frequently performed, though I know of no analysis, upon an extended scale, of the published cases. Enough, however, is known of it, to warrant the statement, that it is far more safe, than amputation at the shoulder joint, and should rank among the established operations of surgery. Resections of the shoulder joints for gunshot wounds, have been performed for many years by military

surgeons ; but they have been particularly popular since the Crimean war. I lay it down as a general principle in military surgery, that in gunshot wounds of the shoulder joint, where the shaft of the humerus is much comminuted from the head of the bone below the attachment of the deltoid muscle, amputation is preferable to resection ; for if resection is practiced, a limb is left, which hangs almost powerless by the patient's side, and becomes an annoyance, rather than a benefit. I have seen a few exceptional cases, where four and a half inches have been removed, and comparatively useful limbs have been preserved ; but such cases are rare, and must not lead the profession astray on that point. The burrowing of pus, is one of the greatest difficulties the military surgeon has to contend against in resections ; and hence the mode of operating to induce the most perfect drainage, is of the first importance. The amount of injury to the soft parts, with the points of entrance and exit of the ball, of course, must influence us greatly in selecting our mode of operating ; but when admissible, the vertical incision on the posterior edge of the deltoid muscle, commencing at the acromion and extending down, if necessary, to the insertion of the deltoid muscle, is by far the most preferable mode of procedure. The patient will, after the operation, lie either on his back, or on the side opposite to the one operated on ; in either of which positions, there is more perfect drainage, than from any other operative procedure. As much of the success in these cases is due to securing perfect drainage during the after treatment, this mode presents decided advantages over any other. I have seen two cases of necrosis of the shaft of the humerus occur after resections of the shoulder joint, necessitating amputation, which I thought due to the imperfect drainage ; in both of these cases the vertical incision through the middle of the deltoid, from the acromion down, was made. The vertical incision on the posterior edge of the deltoid muscle renders it a little more troublesome to get at the head, but possesses sufficient real advantages over the other modes, to justify its adoption. Another advantage it possesses over other modes of operating is, that the deltoid is left intact, and the arm can be elevated from the body with much more facility. The long head of the biceps muscle is not interfered with, and more power of motion is preserved than from any other method.

My notes upon resections of the shoulder joint, which were treated and operated upon in the different hospitals under my charge, show sixty-seven cases of complete and partial resections. Twenty of these cases were primary resections, performed on the field by the field surgeons and the reserve

surgical corps, sent into the field when an engagement was imminent. Of these twenty cases, I cannot say positively how many were complete, and how many were partial. In three of the cases, some five or six inches of the humerus were removed, and the limbs were comparatively useless, and should have been amputated. In a large proportion of these cases, the vertical incision through the middle of the deltoid, and the U shaped flap, were the modes of operating. Two deaths occurred in these twenty cases from pyæmia. Of the remaining forty-seven cases operated on in hospital, thirty-seven were secondary, and ten intermediate resections. Of the thirty-seven secondary resections, twenty-four were complete, and thirteen partial resections. Of the ten intermediate operations, seven were complete and three partial. Of the twenty-four complete secondary resections, there were two deaths from pyæmia. Of the thirteen secondary partial resections, none died. Of the ten intermediate complete resections, one died of pyæmia subsequent to erysipelas; the three intermediate partial resections, all recovered. In one of the twenty-four complete secondary resections, necrosis of the shaft of the humerus followed, and amputation at the shoulder joint became necessary, from which the patient made a good recovery. The same thing occurred in one of the seven intermediate complete resections, the patient making a good recovery from the amputation. In the two cases of necrosis above recorded, the vertical incision from the acromion through the middle of the deltoid muscle, was the operative procedure adopted; and was, no doubt, due to the inflammatory process setting up subsequent to the resection, and aided greatly by the imperfect drainage. In four of the twenty-four complete secondary resections, and three of the intermediate complete resections, the incision was commenced at the posterior angle of the acromion, and carried down the posterior edge of the deltoid muscle nearly to its insertion into the bone. From two to three inches of the neck and shaft of the bone were removed. In all of these cases, the drainage was good. The recoveries were rapid, and useful limbs were preserved, the deltoid muscle retaining the power to perform its functions to a marked degree. In most of the other cases, the vertical incision through the middle of the deltoid, was the operative mode adopted. In the remainder, the V and U shaped flaps from below upward were adopted. In most of the cases, except the three before alluded to, pretty fair limbs were preserved, which proved of great service to the patients; but in the seven cases operated on by the vertical incision on the posterior edge of the deltoid muscle, the limbs were the most useful, and the recoveries the most rapid.

The conclusions arrived at with regard to resections of the shoulder joint, are the following :

First—They are safer than amputations, and are always to be preferred, where the injury to the soft parts, blood vessels and nerves is not too great, and where it is not necessary to remove the shaft of the humerus, below the insertion of the deltoid muscle—in which case, amputation is to be preferred as the rule.

Second—The resection is to be performed by the posterior vertical incision down the posterior edge of the deltoid muscle, thereby preserving the deltoid muscle more perfectly, and securing the most perfect drainage.

Third—Where the operation is secondary, and the head of the humerus is not badly comminuted, and completely separated from the shaft, the partial resection is to be preferred to the complete, taking the precaution to leave all the pieces of bone which have sufficient periostial attachment to retain their vitality. In these resections, the posterior circumflex artery and nerve need not be severed. Partial resections of the shoulder are more successful than those of any other joint.

Fourth—Where the head of the humerus is separated from the shaft, even with the attachment of the capsular ligament, it is to be removed, as it will not retain its vitality, but act as a foreign body. I have seen this exemplified in two instances, rendering a second operation necessary.

Fifth—In this, as in all other resections, the strictest attention must be given to secure perfect drainage, and to the prevention of the burrowing of pus. The frequent syringing out of these wounds with tepid water, or slightly stimulating, astringent, or disinfecting fluids will greatly aid in preventing the burrowing of pus.

Before passing to the consideration of resections of the elbow joint, it may be well to remark the wonderful vitality and regenerating power of the osseous structure of the upper extremity, as well as the soft tissues of that part. I have repeatedly, in the last four years, seen cases of compound comminuted fractures of the humerus, from gunshot wounds, recover, which seemed perfectly hopeless without amputation. In two of the cases amputation was recommended, and the patients opposed it so bitterly, the effort was made to save the limbs, and proved most eminently successful. Injuries of the humerus, where the soft parts, blood vessels and nerves are not much lacerated, should be treated with a view of preserving the limb. The bone may be comminuted for several inches, and yet if a few pieces be left, sufficiently attached to the periosteum to retain their vitality, new bone

will be regenerated, and good and useful limbs secured. In treating these cases, removal of all loose detached portions of bone, with close attention to perfect quiet of the part and free drainage, will often reward our efforts with the most remarkable success. It would require very extensive comminution of the humerus, without much laceration of the soft parts, and in a depraved constitution, to induce me to resort to amputation. I should do nothing more than cleanse the wound thoroughly of all offending spiculae, and rely upon conservative surgery, which I have seen prove successful in so many desperate cases in the last four years; and that, too, in the person of soldiers subjected to the greatest deprivations and hardships, with depressing mental hardships combined.

I have seen sixteen cases of partial secondary excisions of the shaft of the humerus treated in the hospitals under my charge, in the last four years, and remember but one death among them, which was caused by pneumonia. In several of these cases, as much as three and a half inches of the shaft were removed; not entire, however, for the important point in the operation is, to leave as much of the periosteum as possible, and as much bone attached to it as will retain its vitality. I have been perfectly astonished at the wonderful reparative power possessed by the humerus, radius and ulna. I am satisfied, from my own observations, that conservative surgery will yet develope the fact, that in the upper extremity, the knife has too often amputated limbs, which a more extended observation will prove might have been retained as useful, had we been fully aware of the reparative power possessed by the osseous structure of that extremity. In the sixteen cases above alluded to, the fifteen patients who lived had very useful limbs. It should be remembered, in excising a part of the shaft of the humerus, that if the head of the bone be separated from the shaft, on a level with the attachment of the capsular ligament, it must, as a rule, be removed also; for being cut off to such a degree from its source of nourishment, it will not retain its vitality, but act as a foreign body, and necessitate a subsequent operation.

Resection or excision of the elbow joint has been more frequently practiced, than that of any other joint in the body, and is looked upon more favorably by many than any other. The above remarks, however, apply to excisions for diseases of that joint, and not to gunshot injuries, of which we propose to treat exclusively. The first authentic account of excision of this joint for disease, on the live subject, was by the elder Moreau, in 1797, though Mr. Park, of Liverpool, originated the idea of it, and performed it upon the dead subject.

My observation leads me to the conclusion, that the results of excision of the elbow joint from gunshot injuries, are not so favorable as those of the shoulder. It requires the utmost care in the after treatment, to prevent troublesome burrowing of pus, and where the medullary canal of the humerus is opened by removal of the condyles, there is more danger of myelitis, than in the upper part, where the head and neck are excised. The subjects of this operation are longer in recovering, also, than those operated on at the shoulder. In most excisions of the elbow joint, a simple longitudinal incision along the posterior part of the elbow, from three to six inches in length, will expose the parts sufficiently to render their removal easy. The mode of operating, however, must be determined by the examination of each case, and noting carefully the exit and entrance of the ball, the extent of bone to be removed, and the amount and seat of injury to the soft parts. If the longitudinal incision will not answer, it can readily be converted into the T or H shaped flap, should there not be found room enough. A semilunar flap, with the convexity looking downward, is urged by some as the best mode of operating, as the discharges have free vent, which is of no small importance. In all these modes of operating, care should be taken, that the ulna nerve is not injured; of this, there is but little danger, for its position with regard to the bone, protects it until the time arrives for removing the condyles, and then it may be readily drawn to one side. The longitudinal incision presents the following advantages over the other methods, viz: "The connection of the triceps tendon by its edges with the investing aponeurosis of the arm and forearm remaining intact. An attachment for the muscle is thus effected, which diminishes, to a certain extent, the loss of power following the unavoidable division of the tendon at its insertion into the olecranon. It is true, that a transverse incision facilitates the operation, but it is far better to secure this temporary convenience by extending the longitudinal incision, than to sacrifice the important, permanent advantage, which the single incision promises to secure."

The extent of the incision must be such, that when the parts are brought together, the bones neither lock nor refuse easy flexion. The insertions of the biceps and brachialis anticus muscles are to be preserved whenever possible, and it is to be remembered, that in dividing the ulna and radius low down, the inter osseous artery will be endangered. Cases have been reported, where four inches of bone above, and four below the joint have been removed; these are, however, rare and will not do to adopt as a rule. If admissible, the

medullary canal of the bones should be left unopened, as the danger of myelitis is thereby avoided.

The diagnosis of the extent of injury to the elbow joint from gunshot wounds, is much more difficult, than in the shoulder. My observation leads me to conclude, that primary resections of the joints would be more favorable than the secondary, could the patient remain perfectly quiet after the performance of the operation; but in military practice these primary resections are performed on the field, after which the patients have to be transported over rough roads, and in rough wagons, (as was the case with the Confederate wounded,) to the railroad depots, and then shipped to the general hospitals situated some miles distant. These cases will not stand transportation, and hence it is better in most of them, that they be sent from the field to hospital without being operated, to await the time for secondary resection to arrive.

Partial resections are not so admissible at this joint, as at the shoulder, and are less satisfactory in the resulting mobility where they succeed, than if the whole articulation is removed.

Of fifty-eight cases of resection of this joint, treated in the hospitals under my charge, eighteen were primary, six intermediate and thirty-four secondary. Of the eighteen primary resections, I can only say positively, that sixteen were complete and two partial. Of the thirty-four secondary resections, seven were partial. Of the six intermediate resections, none were partial. Of the fifty-eight resections of the elbow joint, seven proved fatal. Of the eighteen primary resections, three died; cause of death in two of the cases, pyæmia; the third died from exhaustion, the patient having been broken down by chronic diarrhea before the receipt of the wound. Of the twenty-seven complete secondary resections, there was one death from pyæmia, one from pneumonia, and another from typhoid fever. Of the six intermediate resections, one died of pneumonia. In the three fatal cases from pyæmia, several inches of the bones above and below the joint were removed, and the medullary canals were opened. In the eighteen primary resections transported from the field to the general hospital, the inflammatory symptoms ran high, which was, no doubt, due to the transportation. Of the forty-two recoveries from complete resection of the elbow joint, there were useful limbs retained; but of this number there were five in which ankylosis existed. Of the nine partial resections with favorable terminations, there were three ankylosed joints, but the limbs were all useful. The amount of bone resected in the complete

resections, average from one to three inches above and below the joint. In the partial resections, there was nothing more than a thorough cleansing of the wound, by the removal of all detached spiculae of bone or other foreign bodies. In partial resections, the inflammatory reaction is marked, and the suppurative process kept up for a considerable time, due, as I think, to the presence of the synovial membrane, which is removed in complete resections. In the after treatment, great care must be taken to secure perfect drainage, and prevent the burrowing of pus among the muscles. Perfect rest, and cold water applications until the acute inflammatory reaction has subsided, and then the warm, to promote the granulating process, is the treatment. So soon as the suppurative stage is fully established, the arm should be put into a sling, so as to be made comfortable, and the patient be permitted to sit up, and even to walk into the open air for a short while at a time; for nothing is so refreshing or strengthening as a little gentle exercise in the open air. In military practice, where your patients' constitutions are more or less broken down by the hardships of the march and camp, and where they are breathing the contaminated atmosphere of a crowded hospital, generous diet and a liberal use of stimuli are absolutely necessary. No surgeon will be successful in the treatment of resections, or any other gunshot injuries, who does not advocate the supporting treatment, and that too, from the very commencement.

It remains yet to be determined how much of the osseous structure of the upper extremity can be excised, with the expectation of its reproduction. As I have before remarked, I have seen several inches of the shaft of the humerus reproduced after excision; and the same remark applies to the radius and ulna. As an illustration of the above statement, I here introduce a brief outline of the report of a case, kindly furnished me by Dr. Paul H. Otey of this city, which case was operated on, and treated by himself in hospital, at Marietta, Ga.:

James Osborn was wounded in September, 1863, at the battle of Chickamauga by an Enfield or Minnie ball. The ball entered the right forearm, at the head of the radius, passing slightly upward and inward, making its exit at the inner condyle of the humerus. The day after his admission to hospital, and the fourth day after the injury, it was determined, upon consultation, (you being one of the consulting surgeons,) to resect the joint. The patient was readily placed under the influence of chloroform, and I commenced the operation by a longitudinal incision on the posterior face of the arm, two inches above the joint, and carrying it directly down through

the ligament of the triceps extensor muscle, and through the joint to a point nearly opposite the tubercle of the radius, thence inward to the tubercle of the radius, completing the L shaped incision. The operation thus far revealed, that the cancellated structure of the inner condyle of the humerus, was laid open one half the circumference of the ball, and the olecranon process of the ulna with the head and neck of the radius were comminuted. Care having been taken during the dissection of the flap, to draw the ulna nerve to one side, the chain saw was then passed under the olecranon and condyle, and both were removed; next the radius was sawn off at the tubercle, without disturbing the tendinous insertion of the biceps muscle. There was some little hemorrhage, but no vessels requiring ligation, pouring cold water over the wound readily checking it.

The arm was then placed upon a splint, in a semiflexed position. Up to the twelfth day after the operation, the wound presented a natural appearance, and pursued a normal course. At this time, the patient complained of a pain in the left groin, and upon examination, the inguinal glands were found enlarged and tender. They were painted over with tincture of iodine.

Thirteenth Day—Found left leg affected with lymphatitis, and enormously swollen from the hip to the toes. The whole limb was painted thoroughly with tincture of iodine, and a three inch roller bandage applied from the toes to the junction of thigh and body.

Fourteenth Day—Bowels regular; appetite good; leg very much reduced in size since yesterday. Repainted the limb with iodine, and reapplied the roller somewhat tighter than before.

Fifteenth Day—Patient rested well last night; appetite good, and limb reduced almost to its natural size. Omitted roller, but kept up applications of iodine.

This attack of lymphatitis seemed to exert no baneful influence over the wound, which steadily continued to heal by granulation. On the thirtieth day after the operation, the patient, after having the arm carefully bandaged and placed in a sling, was permitted to leave his bed and walk about the hospital, visiting his friends. On November 5th, patient was seized with a chill. On examination, a small phlegmonous spot, the size of a silver dime, was discovered, situated on the right side, opposite the trochanter major. Erysipelas rapidly ensued, going over the whole body in spite of full doses of iron quinine, generous diet, and local applications of iodine. He was isolated from the other patients, and in two weeks all traces of erysipelas had disappeared. After three days more

had elapsed, erysipelas returned with new vigor, commencing exactly at the same spot it did before, and pursued the same course, save that the mucus membrane of the mouth, throat, and finally the air passages were involved, which rapidly ended in death. An autopsy was made some hours after death, which revealed the astonishing reparative process which had taken place in the bones forming the joint. The condyle of the humerus, the olecranon process, and the head of the radius were all reproduced in an almost perfect state. The olecranon process was attached to the inner condyle by bony union, and the whole enclosed by the capsular ligament entire.

The great point of interest in the case is, the reproduction of the bones with the reformation of the capsular ligament enclosing them.

Excisions of the radius and ulna are operations which have been often performed for disease, the whole of each having been taken out successfully, and pretty useful arms secured. The rule in military surgery to be adopted for injuries of the forearm is, never to amputate where but one of the bones is comminuted, without there is very great laceration of the soft parts, blood vessels or nerves; for the remaining sound bone acts as a splint, and keeps the part at rest. Nothing more is necessary than to cleanse the wound thoroughly of detached spiculae of bone, apply water dressings, and keep the limb quiet until the acute inflammatory symptoms pass off; then guard against the burrowing of pus, bandage the limb, put it in a sling, and permit the patient to walk about and improve his general condition. Both bones of the forearm may be excised for several inches, and useful limbs be secured, where there is not too great injury done to the soft parts. The same remarks apply to the radius and ulna, as were made with regard to the humerus above. Do not be in too great a hurry to amputate, or you may deprive your patient of a limb which might have been of great service.

There have been a few resections of wrist joint performed on account of disease, but they are limited. Morcau, Jr., and Roux have performed this operation, it is said, with good success. In military practice, the prospects for success after complete resection are not promising. In gunshot injuries of this joint, where the carpus is involved, and there is much comminution, amputation will frequently have to be resorted to, on account of the large synovial surface, with the substratum of cancellated bony structure beneath. Should the carpus be not involved, and the injury be confined to the ends of the radius and ulna, then partial resections, or thorough

cleansings of the wound will, most generally, result in ankylosis, with limbs of great utility.

In performing the partial resection, no fixed rules can be laid down for the operation. It should, most generally, be performed by enlarging the openings made by the entrance and exit of the ball, taking care to avoid the arteries, and to preserve the extensor and flexor tendons where they pass over the joint. In the after treatment, great attention must be paid to passive motion of the fingers, or they will contract, and such deformity follow, as to render the hand nearly useless. Too much care cannot be exercised, to prevent the burrowing of pus under the fascia in the palm of the hand, and early openings must be made where it does form.

Of sixteen cases of gunshot wounds of the wrist joint, which came under my observation, four required amputations, and twelve were partially resected. Of the twelve partial resections, two were primary and ten secondary. Of the four amputated, two were primary and two secondary. In all of the four, there was considerable comminution of the bones of the carpus and radius, with extensive laceration of the soft parts. All four of these cases made good recoveries after amputation. Of the twelve partial resections, the ends of radius and ulna were injured, with little or no injury to the carpus, and comparatively little laceration of the soft parts. In all of the twelve cases ankylosis resulted, in some more marked than others. There was one of the ten secondary partial resections proved fatal, the patient dying of pyæmia.

In closing this article on excision or resection of the bones and joints of the upper extremity, I will adopt the words of Dr. J. Julian Chisolm in his "*Manual of Military Surgery*." In speaking of gunshot injuries of the hand, he says:

"However frightful an injury involves the hand, it is very seldom that it is so mangled as to be beyond the pale of surgical skill, and unless it is literally ground up, it should not be amputated. In certain cases, fingers have been already torn off, or may be hanging by a fragment of skin, when they should be removed; but for ordinary gunshot lacerations of the hand, amputation of the entire hand is very rarely required. Different bones of the hand and wrist are to be removed when irrevocably injured, with or without the metacarpal bones of the fingers or the thumb. Any fingers that may be saved, will be better than the best artificial limb. In cases of lacerated hands in military surgery, where attempts are made to save the limb under cold water dressings, the inflammation which comes on, makes a shocking limb to those unaccustomed to treat lacerations of this extremity; but at

the end of eight or ten days, when suppuration has been well established and granulations are forming, the swelling subsides, the torn portions are drawn together, cicatrization advances rapidly, and often but little deformity remains; at least, the patient retains a useful limb. Some surgeons lay down the rule, that an amputation of the hand is never imperative, however frightful the injury to it may appear; and there is much truth in the assertion."

Since furnishing this article, and placing it in the hands of the compositor, one of the twenty-seven complete secondary resections, has come to my notice, in the person of Mr. Hainey, of Covington, Tenn. I resected the left elbow joint, after the battle of Chickamauga, taking off the whole of the condyles of the humerus, the olecranon, and the head of the radius. He has entirely recovered; has perfect use of his arm; can flex and extend the joint nearly as well as the sound one, and to use his own language, "scarcely knows any difference in the use of the arms." There is a difference, however; the power to pronate and supinate the left hand, is impaired, from the dislocation of the radius a little backward. This case I showed to several surgeons of this city, who agreed with myself, that the result was most satisfactory.

CASE OF RUPTURE OF THE UTERUS

IN WHICH GASTROTOMY WAS SUCCESSFULLY PERFORMED; BY
E. MILES WILLETT, M. D.

In the summer of 1859, Mrs. V., aged twenty-one, a native of Italy, was delivered with forceps, at full term, by Dr. Frayser and myself. The child was born dead, owing to the tedious labor and prolapsion of the umbilical cord. In 1860 she was again delivered with forceps of a lifeless child. The following year, she returned to Italy, and was confined near Genoa. When the waters broke, an arm came down, the accoucheur turned and delivered, but the child perished. After each labor, the convalescence was speedy, and without a single bad symptom.

On Sunday night, March 20th, 1865, she was again seized with labor, but as the pains were inconsiderable, the physician was not disturbed until four o'clock, A. M., when my partner, Dr. Frayser, was summoned to her assistance. After making an examination, he did not deem it necessary to remain, and consequently returned home. At eight o'clock he visited her

again, but perceived nothing remarkable in the case—the osuteri was soft and dilated, while the child's head seemed about to engage in the superior strait, but the pains were neither frequent nor hard, and there was but little sympathetic disturbance of the system.

At nine o'clock Dr. Frayser told me that Mrs. V. was in labor, and as he anticipated difficulty, very kindly requested me to see the case with him.

We found the patient somewhat restless and disturbed in mind. She had vomited freely, and was throwing up bile when we entered the room, but had not had a labor pain for half an hour. The blood in the vagina, the recession of the head, the absence of labor pains, and the irregular surface of the abdomen, through the walls of which could be distinctly felt an elbow, made the diagnosis of Rupture of the Uterus absolutely certain, although the attendants did not think that she had suffered much, and could not remember any particular agonizing pain.

After consultation, we decided to perform Gastrotomy. The sudden announcement of the exceedingly dangerous condition of the patient, and the explanation of the proposed formidable operation, produced such an effect on the feelings of her husband and friends, as can *only* be imagined. That they should have withheld their consent, for awhile, to the performance of an operation, which offered so little prospect of success, is not surprising. In the midst of this delay, the patient herself requested us to do whatever we deemed best. At twelve o'clock, therefore, two hours and a half after the rupture occurred, I commenced the operation, assisted by Drs. Frayser and Grant, by making an incision in the median line, through the skin and cellular tissue, from below the umbilicus to within an inch of the pubes; but as this would not give sufficient room, I extended it upward and to the left of the umbilicus. I then opened the peritoneum, and with a probe-pointed bistoury, guided by my finger as a director, completed the incision. We found that the child and placenta had been expelled by the uterus into the cavity of the abdomen, the child's head rested on the brim of the pelvis, and the uterus had contracted sufficiently to prevent exhausting hemorrhage. After removing them, we sponged out the blood and amniotic fluid as well as we could, drew the edges of the wound together with interrupted sutures and adhesive plaster, adjusted the body bandage, and ordered cold applications. During this time, the patient was fully under the influence of chloroform. The pulse was ninety-six, and sufficiently full before the operation; one hour afterward it increased to one hundred and ten. During the night she took six drachms of elixir of opium.

Tuesday, 9 A. M.—Pulse one hundred and ten, and full; skin hot; abdomen tympanitic, but without tenderness; passed water during the night, and rested tolerably well. Ordered six drops of veratrum viride to be taken every three hours—one grain of calomel every two hours—elixir of opium in sufficient doses to relieve pain—vaginal injections of tepid water, and cold applications over the abdomen.

Six P. M.—Pulse one hundred and twenty; tympanites very considerable; ordered mist. assafoetid. to be injected into the bowels.

Wednesday, 9 A. M.—Bowels moved twice; tympanites relieved. Pulse ninety-six; skin moist; passed urine several times without inconvenience; slept well; lochia good. Discontinued the veratrum and calomel.

March 23rd, 9 A. M.—Pulse eighty-four; skin moist; no tympanites; bowels moved once; vomited once during the night, but rested well.

Vespere.—Pulse eighty-four. Patient complains of pain in the abdomen, has troublesome nausea, and has vomited several times during the day. Ordered starch and laudanum injections, and turpentine to be applied over the region of the stomach.

Friday, March 24th, 9 A. M.—Pulse ninety-six; skin moist; passed water; bowels moved; vomited once, but rested well.

Vespere.—Pulse ninety-six; vomited bile; thirst increasing; tympanites considerable; patient more comfortable, with legs drawn up. Ordered enema of mutton tea.

March 25th, 9 A. M.—Pulse one hundred and eight; bowels moved frequently; vomited bile; nausea continues. Dressed the wound, which looks very well. Ordered lime water and milk, and injections of starch and laudanum.

March 26th, 9 A. M.—Pulse one hundred and ten, feeble; bowels moved twelve times since the last visit; vomits bile occasionally; no tympanites; skin moist; kidneys act well. Ordered animal broths, and brandy, and opiate injections.

Vespere.—Bowels moved frequently, sometimes with pain; vomiting continues, but at longer intervals. Patient complains of general distress.

March 27th, 7 A. M.—Pulse one hundred and eighteen, with sufficient strength; no tympanites; no tenderness; lochia slight. During the night the bowels were moved frequently, but only twice to-day. At present she is very comfortable, and quite cheerful. She has taken chicken water, and a small quantity of Chateau Margeaux. Ordered elixir of opium, *pro re nata*.

March 30th.—Pulse one hundred and eight; lochia dark, profuse and exceedingly offensive; abdomen tympanitic, but

without pain; skin natural. Changed adhesive straps and removed sutures. The wound was well united, except at the lower portion. Ordered four drops of nitro muriatic acid to be taken every four hours, and vaginal injections of diluted permanganate of potash.

March 30th.—Pulse one hundred and eight; lochia unchanged; abdomen greatly distended. Patient is low spirited, and refuses to take the acid. We substituted bisulphite of soda, and ordered mist. assofoetid. to be injected into the bowels.

April 1st.—Pulse one hundred and eight, good strength; bowels moved once; distention of the abdomen reduced; passed water as usual; tongue looks well; rested comfortably.

April 3rd.—Wound entirely united; pulse one hundred and eight; bowels in good condition; vaginal discharge considerable, and very offensive. Ordered diluted chlorinated soda to be alternated with the permanganate, as an injection. From this date, the vaginal discharge gradually diminished, and became less offensive; and under the influence of iron, wine and nutritious diet, the patient, in a few weeks, regained her former health, and strength, and beauty. In due course of time, the menstrual function was established, and since then has been regularly performed in a physiological manner.

THE SUCCESSFUL TREATMENT

OF THIRTEEN CASES OF OTORRHŒA OR ULCERATION OF THE EXTERNAL AND INTERNAL EAR, AS COMPARED WITH THAT OF STANDARD WORKS AND AUTHORS; BY W. H. WHITE, M. D.

This common ailment has ever been considered one of the most unmanageable, which the surgeon is called upon to treat. The prognosis has been equally unfavorable, furnishing but little good, and only giving encouragement, based upon doubts, and the general unsatisfactory results of the most learned, successful and scientific surgeons of the past and present age.

The following from the latest edition of Prof. Gross' valuable work on surgery, is the expressed view of the profession, touching the uncertainty, as to the success of its treatment and cure.

“When ulceration, by whatever cause induced, is of long standing, or of considerable extent, deafness more or less com-

plete, is the inevitable consequence. All, therefore, that can be done in such cases, is to endeavor to arrest the disease, and happy is the surgeon who can succeed in his efforts; for it may truly be asserted, that there is no affection which is more unmanageable, or more difficult to be brought under the influence of remedies. *As to any improvement in the hearing, that is an occurrence hardly to be thought of.* It is only when the disease is slight, and the constitution has not been impaired by previous suffering, that relief is to be looked for in this respect. The practitioner cannot be too guarded in his prognosis. His rule of conduct should be to do all he can, but to promise nothing."

It is, also, a fact worthy of special notice, that the general character of the local treatment, as given in the standard works on surgery, presents a striking uniformity, more palliative than positive and reliable, resolution and healthy action, being the result of chance or accident, rather than any direct assistance rendered to nature; while the general constitutional treatment is happily founded upon established principles; building up and giving tone, by tonics and good diet, to strumous or debilitated systems, removing and holding in check, by antiphlogistics, the fuel keeping up the fire of inflammatory conditions, or if of a syphilitic origin, by the free use of alteratives, etc. In proof of the statement, as to the local treatment, Prof. Miller says, page 226: "The treatment is mainly palliative and expectorant; as regards the part, *weak* astringents may be employed." Gross, page 314, says, in speaking of nitrate of silver: "The strength of the injection should not exceed the eighth of a grain of the salt, to an ounce of water, from which it may be increased to one-fourth of a grain. When ulcers can be *seen*, the edges may, with great caution, be touched with solid nitrate of silver. *Very weak injections* of sulphate of zinc, copper and other astringents, have been occasionally used."

For many years, this marked agreement, as to the proper local treatment to be adopted, and the calamitous sequel of inflammation of the brain, and other cerebral derangements to be dreaded, from a more positive and decided course, caused me to manage the several cases which fell under my care, in like manner, save in such cases as were dependent entirely upon struma and general debility, where good diet and the chalybeate tonics would give new life and tonicity, and indirectly restore a healthy action of the organs, and that was in no wise certain; the results being always doubtful and discouraging; the poor patient suffering on until the ear was totally disorganized, and deafness a certain consequence; and fortunate indeed was it, if the very danger to be feared from a more

active treatment, was not the result of this inert practice—that of caries or latent inflammatory conditions, ending the case by death. These continued untoward results, prompted me some seven years since, to break over these fixed rules, and to treat a case of long standing, which had baffled the oft repeated and careful skill of several clever surgeons, and which I had once treated and watched over with much anxiety, and could not relieve with any light to be obtained on the subject. When it fell a second time into my hands, I adopted, I grant with fear, the course of treatment which has since, however, in thirteen cases, proved not only successful, but the cures were rapid, and in no instance, did I witness an unfavorable sequence. While on the contrary, in several of the cases I rejoiced with the friends over the striking improvement in the hearing, power of articulation, and increased brightness of the intellectual faculties of the patient.

The marked difference in the treatment, is simply in the strength of the local injections and applications. I have mainly relied upon the nitrate of silver, varying in strength from five to twenty grains to the ounce of water, with now and then the use of the tincture of myrrh and quassia in equal quantities. At different times during the treatment of some of the cases, other astringents of a strength increased in proportion to the silver, were used; but I found none that acted so charmingly and pleasantly—and for the purpose of destroying the fetor, I daily use aqua creasota. After cleansing the ear thoroughly with castile soap and water, the above were applied by injections, or with a camel's hair pencil, every other day for the first ten or twelve days—then two or three times a week, the strength of the solution being increased, until the discharge ceased. In no instance has it required over two months to work a cure, or until the parts were healed, leaving a healthy secreting surface. The subjects have all been young, from five to twelve years of age; and yet, in no instance has either one complained of serious pain at the time of application of the strongest solution, or afterward.

The duration of the above cases, was from seven months to seven and a half years. The causes were various—tympanitis—inflammation of the internal ear—measles and scarlatina. The study and careful examination of these cases; and they were regularly examined with a speculum, aided by good light, has fully satisfied me, that it matters not what may have been the primary cause of the ulceration, whether it be either of the above causes, or an inordinate secretion of serumen, removed polypus, or fungus growth, typhoid fever, or any known cause. After it is once established, followed by

continued purulent discharge otorrhœa, which is but a symptom of the disease, the indurated edges and secreting surfaces of these indolent ulcers must be destroyed, a new action aroused, a more active granulating surface excited, before they will heal over, and cease to be. If long left to their declining tendency, is there not as great, if not greater danger of a fatal termination, than there can possibly be by the use of the same restorative remedies as will destroy ulcers of a like character and over grown flabby granulations in other sensitive portions of the body? In most cases, inactive ulcers on any portion of the body will improve and take on healthy action after being touched with an application of the above strength and immediate relief follows. When, if applied of less strength, the morbid character would not be changed; and if it happens to touch the surrounding skin, or mucus membrane, no marked injury, or unpleasant consequences are noticed or complained of by the patient. Its contact with the air may for a time change the color, but it is soon restored.

This is the only unpleasant result in the treatment of the above cases. After reporting one of the last cases treated, I will leave this subject with the profession.

December 15th, 1865. Emery Vivian Brown, aged six and a half years, was brought to my office by his mother, a very intelligent lady, who gave me the following history of the sufferings, treatment and condition of the child:

"When he was four years old, he took a severe cold, which settled in his head and ears, (he was a very small child and puny.) After passing through a high grade of inflammation, which was treated by soothing applications, it eventually ended in a continued discharge of a yellowish matter, soon becoming exceedingly offensive, which has at times changed to a yellowish brown, or greenish color, and often when he received slight injuries upon the head, there would be discharged blood, varying in quantity, from a teaspoonful to a tablespoonful, and for several days the pus would be mixed with blood.

During the first two or three years, though he grew ordinarily rapidly, yet he seemed feeble, but from that time he has enjoyed aside from unceasing otorrhœa good health. About eighteen months after its development, she was urged, and did take him to an "ear doctor," under whose care she placed him for a time, who, to use her own language, "barbarously treated him with a succession of blisters behind the ears and back of the neck, without any benefit; since which time she has taken him to, and placed him under the care of some of the most eminent surgeons in the southwest, including Dr. McDowell, formerly of St. Louis; Dr. Stone of New Or-

leans; Dr. Austin, of the Charity Hospital of the same place, and Dr. Mott, of Mobile. She says, as far as she is capable of judging, they all treated him much in the same manner; all expressing after a time the same doubts, coupled with the statement, that he might get well in time. There was also advanced by most of them the opinion, that if the discharge was stopped, it would make him totally deaf.

At this time, both ears are discharging profusely a thick yellowish matter, very fetid and offensive. Deafness almost entire, complete loss of voice, general health good, less life than is usually seen in boys of his physical development. After cleansing the ears with castile soap and warm water, (the odor still very disagreeable,) I examined them carefully with a speculum under a strong light, and the external ear was somewhat excoriated. The membrana tympani in both ears destroyed. All of the internal ear which could possibly be seen, exhibited an unhealthy yellowish secreting surface, with here and there slightly elevated ulcers.

Injected each ear with a solution of nitrate of silver, five grains to the ounce of aqua pura, and then after letting what would of the solution pass off by turning the head, filled the ears with cotton. December 17.—He experienced no unpleasant effect. Discharge of a lighter color and consistency, and quantity about the same. December 20.—The discharge in character much as on the 17th, but less in quantity. December 25.—Much the same, increased the strength to ten grains.

December 31.—Decided improvement. Discharge less thick, has experienced no unpleasant symptoms—no pain. The mother informs me he sleeps more comfortably and plays more earnestly. January 15.—The injections as above have been continued until to-day. Has been gradually getting in every respect better. Increased the strength to twelve grains. January 25.—The discharge is only occasional, and but slight—hearing improving—begins to say a few words—increased the strength to fifteen grains. February 1. There is now remaining no fetor—he now pronounces many words plainly—hearing decidedly improved—he will, when any unusual sound occurs, put his hands to his ears, and cry “hush”—is much more lively and bright—it being a matter of special notice and gratification to the mother and friends.

The other cases were similar in character—some not as severe, or of as long standing, while two were, perhaps, all things considered, more troublesome, as in connection, there were general constitutional difficulties to overcome. But in no instance, was the deafness as complete, with such entire loss of voice, or which resulted in such marked improvement in

the hearing and power of articulation, though this termination was a subject of remark, and cause of delight in nearly all of the cases.

DEDUCTIONS.

First—That of all the remedies used by me, the nitrate of silver was the most satisfactory, the least irritating, and the most active.

Second—That I believe it is perfectly safe in the strength of from five to fifteen grains to the ounce of aqua pura, to use as often as twice a week at any time, where the disease has become marked chronic, and even oftener, if there is no pain, or irritability.

Third—That a recovery may be hoped for under this treatment, without endangering the health or life of the patient.

Fourth—That the hearing will be improved, if the patient be very young, or, was when first attacked, and as a consequence, the power of articulation.

Fifth—That, generally speaking, this malady will not disappear spontaneously ; but on the contrary, if not removed, will slowly and surely tend to a complete destruction of the organ, and its physiological action, if not end in death.

Sixth—That there is greater danger to be feared from the expectant, or leaving alone policy, than from the decided treatment proposed.

EDITORIAL.

SALUTATORY.

In the medical profession, "no man can hope to retain his station in the estimation of his brethren, keep pace with the progress of science, or do justice to the art which he professes, without a periodical work to inform him what others are doing, and what others are thinking, and to communicate his own doings and thoughts to others around him.

"As one of the now numerous candidates for performing this office, the **MEDICAL AND SURGICAL MONTHLY** presents itself before the profession, without any wish to depreciate its cotemporaries, or to magnify the necessity that exists for new laborers in the vineyard of periodical literature. Such an attempt would be equally impolitic and illiberal. The Public is a stern, inflexible, and finally unerring tribunal, before which it is unnecessary to plead the cause of merit, and useless to varnish inferiority. Friends may flatter, and enemies may defame, but the Public at large do justice. It is to this tribunal alone, that we make appeal."

Thus introducing this Journal to the profession, the editors earnestly hope that each physician, into whose hands this number may fall, will regard himself as individually solicited to furnish contributions of observations, experience and reflections, and to forward subscriptions. If the solicitation is responded to by the profession to the extent of ability possessed by those now addressed, the editors will be able at the close of the first volume "to return unfeigned thanks to contributors, subscribers, and the profession at large for a countenance and encouragement which it will be the endeavor of each one of them to merit."

The success of this effort is at the will of the profession and the public.

FRANK. A. RAMSEY, M. D.
D. D. SAUNDERS, M. D.

E. MILES WILLETT, M. D.
WM. H. WHITE, M. D.

EXAMPLE.

Soon after concluding to attempt the publication of the MONTHLY in Memphis, the senior editor addressed letters to particular individuals to whom he ascribed, as due such respect, asking them to give dignity to the enterprise by furnishing contributions. He stated the fact, that a very large number of the practitioners of the South were comparatively young men, and hoped communications from those whose labors heretofore had given their names prominence in medical literature, sent forth through a new channel, would serve to draw, in some measure, the attention of mediciners from troublous politico-social circumstances, and incite them to renewed study of health and disease, and unimpeded labor for the good of man. Some to whom such letters were addressed, have not condescended to reply, and we are left to suppose, that they have ceased from their labors, and are enjoying rest, indulging the pleasing consciousness of having "done well." Others commended the effort, but declined, on proper grounds, the labor of preparing papers; while others, moved by no love of fame, or desire for extension of reputation, but alone for the purpose of lending the influence of their names in a direction intended for good, have forwarded original papers, together with words of encouragement and hope. Two of these we present in our first number; and it is earnestly urged, that the practitioners of the North and Northwest, together with those of the South, take for example and emulation the distinguished members of the profession, who, residing in Philadelphia and New York, and dispensing there, from professorial chairs, words of wisdom, and precepts of observation and experience, have lent their influence to a Medical Journal in Memphis, on the banks of the Mississippi river, and the center of its great valley.

CONTRIBUTIONS.

There can be no excuse for a physician who fails to furnish communications to the other members of his profession.

Journals ask for papers; and there are readers anxious to learn, and whose anxiety will encourage them to encounter much chaff, in their endeavor to obtain grain. There is no practitioner, whose observation has not encountered something, which, if possessed by another, even though but by relation, would be used to the advancement of science, and the interest of mankind. Bagful after bagful of chaff may be examined, and each will contain one, two, or many grains, full and perfect in germinating vitality, which may be used in reproducing a new crop of its kind, adapted in all its elements, for the purposes for which it is used by man. Physicians, then, are urged to send, under a force of duty, contributions to the journals, that they may become the store-house or garner of observations to which the systematist, the monographist, and the analytical and synthetical philosopher may resort, sure of finding some good material for the purpose, by which he is stimulated to make the reference and research.

There is no greater absurdity, than the presumed excuse—"nothing new to present"—which is occasionally advanced by practitioners of medicine. No one ever uses it, who has a correct appreciation of the scope of duty incumbent on the true physician, who feels "that experience which gives force to rules already established, is more to be prized, or, at all events, more cordially received, than testimony which would pull down or weaken the existing theory." And receiving encouragement himself from such experiences, recorded in journals, he is willing to place his own observations under circumstances to be made available, for encouragement, if nothing more, by others.

JOURNALS.

For four years, a very large number of the medical men of these States have had no opportunity to read, no facilities for research; but during that time, have had an ample field for abundant and varied observation.

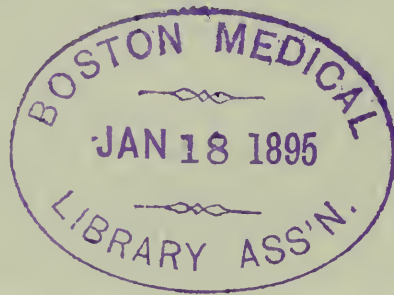
THE MEDICAL AND SURGICAL MONTHLY has been projected

with a view of furnishing ideas that have been promulgated, and observations that have been recorded, and questions that have been sprung, during, and before the time when circumstances prevented the mediciners of the Southern States ready access to literary supply, and wholly debarred them from professional reading, and to give them a medium through which they can present to the mediciners of the world, the observations and reflections made whilst administering as surgeons in the field and hospitals, during the dreadful contest in which these States have been engaged.

The dissemination of correct professional views, practical and ethical—throwing them broadcast over the land, that they may penetrate into every cove, and ascend every knoll, where disease and accident have followed the adventuring energy of man, cannot be undertaken by too many, nor too zealously prosecuted by those who enter upon the attempt. The object, though difficult in attainment, is laudable in prosecution, and demands the active co-operation of many laborers. This co-operation is earnestly solicited, and especially are the practitioners of medicine in the Southern States, entreated to turn from considering troublous politico-social circumstances, to a diligent prosecution of professional knowledge, with such effect as will redound to the advantage of mankind, the advancement of science, and attach dignity and importance to their own reputations and names.

It has been charged, that want of reading is the sin of the profession ; and no means can be designed for its destruction, that will prove so effectual as offering weekly, monthly and quarterly messengers—placing at every turn a printed record of what is doing in the great professional circle, and thus destroying and preventing lethargy, torpidity, routinism. The opinion has been entertained, that the publication of such general works as those ordinarily issued from the press, under the euphonic title of “Practice of Medicine,” has done much to quiet the sensibilities of practitioners, and to lull their spirit of investigation. The conglomeration of anatomy, pathology, physiology, symtomatology, and formulary, presented in these works, though of use to the diligent student, as matter of reference, offer to the indolent and interloper, means

of easy access to the confidence of the people. They can, at best, but be deficient in some important particulars. The indolent and interloper seek not for knowledge—they want nothing but precedent. The “divine idea” of Fechte, the moving impulse to grand attempt and noble achievement, is in them dormant or perverted. Let them be presented with a journal, in which is questioned the correctness of observation, and denied the appositeness of the reasoning sustaining the precedent by which they are governed, and their conscience will be aroused, sensitiveness of responsibility quickened, and the spirit of inquiry awakened. Independent thought will spring into action, research will be undertaken, the “Practice of Medicine” will be thrown aside, except as reference, or as an index for the direction of investigation, and works on special subjects will be sought after. Individual labor will be prosecuted with energy, and beneficial results will be experienced by each particular sick or wounded man, by families, and by communities, and the aggregate of good to science and humanity will be essentially enlarged.



SYNOPSIS.

CONTAINING A SHORT ABSTRACT, SHOWING AT A GLANCE, THE MOST IMPORTANT INDICATIONS OF TREATMENT PUBLISHED BY DIFFERENT WRITERS WITHIN THE LAST HALF YEAR. (ARRANGED ALPHABETICALLY.) FROM BRAITHWAITE'S RETROSPECT. PART LII, JANUARY, 1866.

AFFECTIONS OF THE SYSTEM GENERALLY.

CONTAGIOUS FEVER.—Fever is due to the passage from one body to another of living particles. These living particles consist of germinal matter, and having descended by a process of degeneration from the germinal matter of the organism itself, and are therefore of animal origin. To those familiar with vital phenomena, the fact that a terrible and fatal malady may arise from the introduction into the body of a minute germ, weighing less than the one hundred thousandth of a grain, will not appear incredible.

FEVERS, TABES MESENTERICA, GASTRIC IRRITATION, &c.—Give the hypophosphite of lime, soda, or potash. The following formula for an infant is good: *R.* Hypophos. sodæ, gr. vi.; hypophos. calcis, hypophos. potass., ana gr. iv. glycerinæ, ii. drachms; aquæ. i. oz. *M.*; forty drops three times a day in a little water. The dose to be increased according to age.

OZONE AS A DISINFECTANT.—Get a wide-necked bottle and put in half a pint of water, with a cork floating at the top; on this cork fix a bit of phosphorus; cover the bottle with another bit of cork very loosely. This apparatus may be moved from room to room, remaining till the characteristic smell of ozone is perceived. Do this night and morning.

SCARLET FEVER.—*Inunction with Hot Fat or Lard.*—Once or twice in the twenty-four hours let the patient be rubbed with hot fat or lard. This checks and quells the violence of the disorder in an extraordinary manner. Death is a rare result, and dropsical symptoms are almost unknown. The pulse will sometimes fall thirty beats in three hours.

Cold Affusion.—Cold affusion is a plan attended with such benefit in cases of scarlet fever, with sthenic febrile symptoms, that one is puzzled to know how it has come to be abandoned.

ZYMOTIC DISEASES.—The fermentation of poisons in the system, generating zymotic diseases, may be arrested by the alkaline sulphites, the same as vinous fermentation is arrested by sulphuric acid. Therefore in typhus, typhoid, scarlatina, small-pox, &c., give scruple doses of sulphite of soda every three or four hours. This dose may be decreased or increased according to circumstances and age.

AFFECTIONS OF THE NERVOUS SYSTEM.

CEREBRAL PARALYSIS.—*Faradization*.—Faradization is useful in cases of hemiplegia after the complete formation of the apoplectic cyst, when there is no longer any irritation within the cranium. It is more suitable to cases where the arm or leg is nearly or entirely useless, than to those where there is much muscular rigidity.

CHOREA.—*Calabar Bean*.—In a case of chorea recorded, four drops of a tincture of calabar bean were given thrice daily, and gradually increased in quantity during a period of nine weeks. Complete recovery resulted. All means previously tried during the course of several months had proved useless.

DELIRIUM TREMENS.—*Subcutaneous Injection of Morphia*.—In cerebral affections, medicines called anodynes, when introduced subcutaneously, frequently act so far more effectually, and so differently from the stomachic doses of the same, as almost to warrant us in considering them as different medicines. Thus, in delirium tremens, half-grain doses of morphia may be given repeatedly without effect, whilst one such dose introduced subcutaneously will frequently produce sleep. The use of the drug in this manner, moreover, is not followed by dryness of the mouth, and sickness and constipation of the bowels.

EPILEPSY.—*Ice to the Spine*.—A most interesting case is related in which the patient was cured of severe epilepsy of long standing, by means of ice to the spine. He had many symptoms of spinal and cerebral irritation. Ice was applied along the whole spine during two hours, four times in each twenty-four hours, one bag being applied at bed-time, one being used during the night, and the other two during the day. He had no fit after this treatment was commenced, although previously he had three fits a day. The cure was permanent.

INCURABLE AND PAINFUL DISEASES.—*Subcutaneous Injection of Morphia*.—By means of a subcutaneous injection, life in these cases is made bearable. It may for a long time prove a boon to patients suffering from incurable neuralgia, cancer, or the agony of diseased joints. One-third of a grain of morphia introduced subcutaneously every alternate day, will sometimes give all the relief that two grains given daily had previously done. [Mr. C. Hunter, p. 72.]

INSANITY.—In cases where there is a determination of blood to the brain, with sleeplessness, restlessness, and anxiety, the following plan of treatment, with the object of drawing the blood from the brain, may be pursued with benefit. Let the whole legs and lower part of the abdomen be wrapped up in cloths steeped in mustard and hot water. A wet towel should be applied round the head. The effects are most soothing.

INSOMNIA.—In cases of insomnia, bromide of potassium can almost always be used with advantage, to diminish the amount of blood in the brain, and to allay any excitement in the nervous system.

NEURALGIA.—*Hypophosphites*.—Try hypophosphites of soda in doses of a drachm three times a day in beef-tea.

Hypodermic Injection.—When opiates and other anodynes are injected subcutaneously for the relief of local neuralgia, it is quite un-

necessary to eject the neuralgic site: the medicine will act just as well when inserted in any other part of the body.

PARALYSIS.—Electricity.—The interrupted or electro-magnet current proves useful in local paralysis due to injury of the motor nerves and muscles by pressure, rheumatic effusions, poisoning by lead, &c. The continuous galvanic current, known as “galvanization,” on the other hand, proves useful chiefly in forms of paralysis due to the affections of the nervous centers.

Paralysis from Pressure on the Nervous Plexuses.—Cases of loss of power from continued pressure, especially of the head on the arm during intoxication either by chloroform or alcohol, are generally relieved by faradization, which also relieves muscular pains, which are sometimes very severe.

SCIATICA.—Croton Oil.—Give a dose of two drops of croton oil; in many cases cessation of the pain will immediately ensue on the copious action of the medicine.

Subcutaneous Injection of Atropine.—A lady had suffered from sciatica for two years, for which she had been obliged to take morphia daily. The subcutaneous injection of one thirtieth of a grain of atropine produced its characteristic phenomena upon the system, and forthwith removed the pain permanently.

Danger of Subcutaneous Injection.—Be very careful not to inject into a subcutaneous vein instead of the cellular tissue. As it may be impossible to avoid this at all times, always inject very slowly; in order that at the first sign of danger the injection may be stopped.

SPINAL PAIN.—In all cases of chronic pain on either side of the spine, attended with even the *slightest* undue prominence of the muscles over the transverse processes, an anatomical lesion of the ligamentous and bony part of the spine exists, combined with deviation of the bodies of the vertebræ and rotation. The term hysterical is incorrect. For the relief and cure of these cases, mechanical means are requisite. In cases where the general health is disturbed, appropriate means must be adopted.

TIC DOLOREUX.—Subcutaneous Injection of Atropine.—Inject one thirtieth of a grain of atropine subcutaneously, and repeat occasionally at intervals of two or three days, if necessary. It is not necessary to inject it in the region of the pain.

AFFECTIONS OF THE CIRCULATORY SYSTEM.

ARTERIAL HEMORRHAGE.—To tie arteries, use the *reaf-knots* as figured and described at page 137. This method has the advantages of the common ligature and acupressure combined. You can tie the artery securely, and loose the knot at any moment without disturbing the parts, thus obviating the objection of allowing the ligature to remain till it separates in the usual way.

HEART AFFECTIONS.—Action of Digitalis in.—Nothing seems more certain than the action of digitalis on the heart. When there is hypertrophy, its administration is dangerous; but in a weak organ, acting, because of its weakness, with great rapidity, it will reduce the number of its contractions, and, as it were, strengthen or tone

them down. In a case of valvular heart disease, with dropsy of the legs and abdomen, the use of digitalis in ten drop doses was followed by the disappearance of the dropsy, and the reappearance of the pulse at the wrist.

No fact is now better established in medicine, than that digitalis is capable of diminishing the frequency of the heart's beat, and of increasing the power of the heart's impulse. Nevertheless, when digitalis is given in such cases, the patient ought to be watched day by day, and the medicine discontinued as soon as the heart begins to be more regular and the impulse stronger. There is no proof that sudden death ever results from the administration of digitalis. This is liable to occur in any patient with dilated and feeble left ventricle, whether digitalis is given or not.

POPLITEAL ANEURISM.—*Digital Pressure*.—A very successful cure of popliteal aneurism is recorded by Mr. Porter, of Dublin, in which, by digital pressure only, the aneurism became perfectly solid in twenty-seven hours. No matter how carefully applied, instrumental pressure cannot be borne so long as can the finger-tip; and further, the artery cannot be isolated so completely from its accompanying vein by mechanical as by digital compression, and therefore, œdema of the limb is more likely to ensue. There is less likelihood of ulceration or sloughing of the skin occurring than when instrumental pressure is used, for a less amount of force suffices to control the current of blood through the artery, and the point of pressure can with such ease be changed to a higher or lower position. The pressure must be effected by placing the points of the middle and index fingers of the left hand over the femoral artery where it crosses the brim of the pelvis, then by fixing and increasing the pressure by placing the middle and ring fingers of the right hand on those already over the vessel. The pulsation of the tumor must be arrested as much as possible, and the pressure kept up by fresh assistants relieving each other every two hours.

AFFECTIONS OF THE RESPIRATORY SYSTEM.

LARYNGOSCOPY.—There is generally an unpleasant glare in the eyes of the operator, owing to his facing the source of light. This may be avoided by the simple device of a black shade over the eyes, the shade being placed beneath the reflector on the forehead, and fastened by two hooks and eyes to the band which passes round the head.

DISEASES OF THE LARYNX AND PHARYNX.—*Inhalation of Atomized Fluids*.—By means of the little tubes, now seen in every druggist's window, for blowing out a fine cloud of scent, &c., various medicated fluids may be atomized and applied directly to the mucus membrane of the throat and larynx in a more effectual way than by the brush. In inflammatory states, solution of nitrate of silver may be thus applied, and nitrate of aluminium, if a milder agent is required. Solutions of tannin, alum, sesquichloride of iron, corrosive sublimate, sulphate of zinc, and even common salt, are useful in various cases. In nervous affections of the larynx, preparations of opium, and salts of iodine or bromine may be used.

AFFECTIONS OF THE DIGESTIVE SYSTEM.

AZOTURIA.—A patient suffering from azoturia appears at first to have no tangible disease, but his urine is found habitually of a high specific gravity, and containing a large amount of urea. The general symptoms are debility, dyspepsia, and a kind of indefinable malaise. Dr. Prout considered that these cases generally pass into diabetes, or some other formidable disease. The best medicinal remedies are mineral acids, opiates, and tonics of various kinds.

CHRONIC ULCER OF THE TONGUE.—In a case of ulcer of the tongue of twenty years' standing, the following treatment rapidly procured the healing of the sore. Its syphilitic origin was questionable. Four minims of Fowler's solution of arsenic were taken three times a day, and a mercurial bath twice a week, the ulcer being touched daily with nitrate of copper. After twenty-five days, Donovan's solution of arsenic, iodine, and mercury was given in doses of twenty minims twice a day. The ulcer rapidly healed.

FLATULENCE.—*Charcoal.*—Charcoal, when introduced into the stomach in a dry and fresh state, has the property of absorbing gasses. It may be given freshly prepared and hermetically sealed in gelatine capsules. Three or four capsules are generally sufficient to give complete relief in cases of flatulence. The best charcoal for this purpose is made from vegetable ivory, and must not be finely powdered. It has been shown by direct experiment, that twenty grains, or two capsules of the vegetable ivory charcoal, absorb two and a half cubic inches of carbonic acid gas.

HEMORRHOIDS.—An ointment of persulphate of iron [half drachm to a drachm to an ounce,] in hemorrhoids is an excellent application when they are ulcerated, or when the constitution is weakened by diarrhea or excessive fatigue.

Internal Hemorrhoids—Clamp versus Ligature.—The danger of pyæmia from the use of the ligature for the removal of hemorrhoids has been very much overrated, and other means, such as the clamp, proposed instead. There is, however, no plan more effectual or safer than the use of the ligature. Sir Benj. Brodie only saw two deaths out of three hundred operations. Mr. Syme has never met with a case which terminated fatally, or threatened to do so, when the ligature simply was employed. The operation by the clamp is undoubtedly an effectual method of removing the disease, but it is in many respects inferior to that by the ligature. It is unnecessary to ligature the whole tumor, for the vessels which supply it always descend from above, just beneath the mucus membrane; the lower three-fourths may therefore be divided from the base by scissors, and the remaining fourth ligatured. When the ligatures have been tied, the bulk of the tumors may be cut away:

INGUINAL HERNIA.—*Radical Cure of.*—The success of an operation for the radical cure of inguinal hernia does not depend so much on retention of the invaginated scrotum within the canal, as on the formation there of a quantity of exudation and cicatrix tissue. Success frequently results when the invagination has completely descended, provided the patient has not by any premature over exertion forced down the protrusion whilst the process of cicatrization is yet incomplete.

POLYPOID GROWTHS IN THE RECTUM, WITH FISSURE.—Occasionally

polypus of the rectum is associated with anal fissure, the latter being a consequence of the former. A free incision must be made through the fissure, the polypus drawn down by a vulsellum, and a ligature applied at its point of attachment. It must then be cut off just beyond the ligature.

AFFECTIONS OF THE URINARY ORGANS.

LITHOTOMY.—That free division of the prostate which implies a division of the reflected portion of the pelvic fascia. This should always be left untouched, for stones of great magnitude may be removed without such free use of the knife. This is one of the principal secrets of success.

Infiltration of urine is the bugbear of modern lithotomists. I have never seen a genuine case of it. Diffuse inflammation of cellular tissue, arising from some unhealthy state of the constitution, is often confounded with infiltration.

LITHOTRITY *versus* LITHOTOMY.—Lithotomy should be preferred in patients below the age of fifteen, as being more successful than lithotrity. Could blades be brought against small stones, so as effectually to crush them to sand, this operation might, after all, be found to be one more generally applicable in children, than it is usually deemed. In the female, any other operation than lithotrity should be an exception to the rule. In adult males, lithotrity should be considered the rule, and lithotomy the exception. It is in many cases desirable to dilate the urethra with bougies before crushing, and their use is often advisable to relieve irritability.

AFFECTIONS OF BONES, JOINTS, ETC.

ACUPRESSURE.—An effectual way of closing an artery, and one quicker than all other methods, is that by entering the point of the needle on one side of the artery, and pushing it behind the vessel until it emerges on the opposite side. The needle must then be twisted over the artery, and fixed on the parts beyond. In this method, the artery is, to a certain degree, both twisted and compressed.

Acupressure is not only easy of application, but its adaptation to situations and circumstances is as great, or even greater than that of the ligature. It may be employed in the instance of vessels as large as the posterior tibials. There can be no question as to its favoring primary union:

Acupressure in Amputation at the Knee.—The popliteal artery may be effectually closed in cases of amputation at the knee by Simpson's third method of acupressure, that is, inserting the needle under the vessel, and then putting a loop of wire across it, and turning it under the needle.

AMPUTATION of the Upper Arm.—Amputation near the middle of the arm is often done, when a more conservative process would suffice: The covering of the end of the humerus may be taken from the forearm, where there is abundant material for a flap.

Amputation of the Thigh.—It is better in amputation of the thigh to depend on compression of the main artery by the finger of an assistant than to trust to tourniquet. Before commencing the operation, the limb should be raised for a short time so as to unload the vessels. It is a good plan to combine the advantages of the circular and of the flap operations, transfixing the limb as in the flap operation, but dividing the tissues adherent to the bone as in the circular, while retraction is made by an assistant.

Amputation of the Thigh and Leg.—It is unwise to leave a thick muscular flap. This is the general result of transfixing and cutting outward. I am by no means convinced that this is invariably the best method of performing the flap operation, and I feel assured that cutting from without inward is in many instances followed by the best results.

Amputation of the Knee Joint.—An admirable stump may be made in some instances, by reserving the condyles and cartilages untouched, and covering them with a flap of skin merely from the front of the leg.

Amputation of the Knee Joint by Single Flap.—The operation consists in reflecting a rounded or semi-oval flap of skin and fat from the front of the joint; dividing everything else straight down to the bone, and sawing the bone slightly above the plane of the muscles, thus forming a flat-faced stump with a bonnet of integument over it. There is less danger in this than in amputation at the lower third of the thigh, and the stump resulting is broader and more fitted to bear the weight of the body. The cicatrix is quite out of the reach of pressure.

CANCEROUS TUMORS OF LONG BONES.—Tumors of the lower jaw are often successfully removed by vertical section, both ends of the bone being left. The disease seldom or never returns, if the section is made in the healthy part. This plan is, however, totally lost sight of when a tibia, fibula, or other long bone is affected with tumor, and nothing short of total ablation will satisfy.

CAPITAL OPERATIONS.—*Subcutaneous Injection of Morphia*—It is a good plan in the majority of cases of amputations, ovariectomy, herniotomy and other capital operations, to inject from a third to a half a grain of morphia subcutaneously immediately after the operation.

FRACTURES.—Put the patient under chloroform, and ascertain, by careful examination of the parts, whether an attempt should be made to save the limb, or amputation at once be performed. If amputation is not performed, and secondary symptoms come on and progress as they usually do to a great extent, there is little or no chance of recovery. After the supervention of serious constitutional symptoms, an operation is generally useless.

Fracture of the Skull.—Fracture of the skull from a blow by a stick is generally situated in the left parietal, when the blow is given from before, owing to the weapon being held in the right hand of the assailant; and in the right parietal when given from behind. The bone usually gives way where struck; fracture by *contre-coup* does not take place except from a fall.

HEMORRHAGE DURING OPERATIONS.—*Effect of Chloroform on the Amount of.*—There is more venous, but less arterial bleeding, when chloroform is used. The venous bleeding occurs as a general oozing when the tension of the muscles wears off.

OPERATIONS OF THE JAW BONES.—In the removal of even the largest tumors, it is unnecessary that the incisions should be so extensive as to divide the lip, even when a portion of the bone is removed by vertical incision. When a ligature is used in this kind of operation, both ends of the vessel should be tied. The great secret of success is to entirely remove the diseased portions, clipping and gouging, when the operation is on the upper jaw, until healthy surfaces are reached. If it is necessary to divide the lip, the incision should be in the mesial line.

Tumors of the Lower Jaw.—Horizontal sections of the lower jaw must always be preferred to vertical ones, if practicable, in order that the shape of the lower side of the face may be preserved.

STRUMOUS SYNOVITIS.—Cases of strumous synovitis in the torpid phase of the disease are as a rule ordered to remain at complete rest, with the limb on a splint for months or even years. This, however, destroys the health of the patient, and the disease notwithstanding terminates in the destruction of the joint. As soon as all inflammation has completely ceased, the skin being white and cool, passive and then active movements along with friction must be employed in order to restore form and flexibility.

TEST OF INFLAMMATION ON JOINTS.—In every important joint there is some one spot peculiar to each, tenderness on the pressure in which indicates the presence of latent inflammation. These are, for the knee, a small space over the inner trochanter and inside the patella; for the elbow, the posterior part of the junction between the radius and humerus; for the wrist, the union between the scaphoid and ulna; for the ankle, a spot just outside the extensor longus tendon. For the shoulder, this choice spot of tenderness is situated at the back and external aspect, where the posterior fibers of the deltoid cross the joint; at the hip, the test place is just behind the trochanter.

AFFECTIONS OF THE SKIN.

ACNE.—There is only one medicine really necessary, and that is arsenic. All the others clear the way for it. Sometimes it is necessary to give a mild saline aperient for a few days before beginning with the arsenic. In some cases it is well to combine liquor potassæ with the arsenic. Another remedy of great value is the biniodide of mercury in doses of the sixth of a grain or so daily. The best local applications are calomel ointment and the ointment of the hypochloride of sulphur.

ALOPECIA.—Only two remedies can be relied upon, viz., the internal use of arsenic, and the external one of cantharides. A regular course of arsenic should be given. The cantharides must be applied, that a piece of skin the size of a shilling is blistered every second or third day, until the whole of the surface is operated upon.

Mr. Wilson uses an ointment made by macerating six drachms of the powdered cantharides, with a gentle heat for twenty-four hours, in three ounces of pure lead, it is then strained through blotting paper.

CARBUNCLE.—*Subcutaneous Section.*—The following plan for treating

carbuncles has been pursued with great success for many years by Mr. French, surgeon to the St. James' Infirmary. Let a tenotomy knife be introduced through the healthy skin a little beyond the edge of the induration, the forefinger of the left hand serving as a guide upon the surface of the tumor. Let it be divided subcutaneously with a crucial incision, the skin being left uninjured. Immediate relief is obtained, and the rapidity of the recovery which follows is very striking. The knife may be entered several times, if the carbuncle is very large.

ECZEMA.—Eczema is not a vesicular disease at all. Let the surgeon examine carefully for himself, and he will fail at any period of the disease to find true vesicles.

Antiphlogistic treatment must always be avoided in eczema, as the disease never occurs without a certain feebleness of health. Every chronic case is benefited by codliver oil, if given long enough, and in doses not larger than the stomach can bear comfortably. On arsenic alone no reliance can be placed at any stage except the last, and not always then. It is chiefly useful when the skin is red and tender with a quick reproduction of unhealthy cuticles or scabs, great itching, and a strong tendency in the disorder to stand still. The most useful remedy against the eczema of middle or advanced age is steel. One or two drachms of steel wine, given two or three times daily will remove most cases of eczema in children. The saccharine carbonate is also a good preparation. In adults the tincture of the muriate of iron is the proper remedy. It is essential, however, that no free acid be present in the preparation used. It must be given with occasional intermissions for two or three months at least.

Few, if any cases of eczema will in the long run resist the influence of iron. Codliver oil must be given at the same time. If after a full trial of these the case is not cured, codliver oil and arsenic should be given, and these failing, the biniodide of mercury should be given.

ILL-SMELLING FEET.—Shoes which have induced the excessive and ill-smelling secretion must be left off, and great cleanliness observed. If this simple means fail, completely envelope the feet in linen upon which an ointment composed of diachylon and linseed oil has been spread. Then cover the foot with a stocking and light shoe; every twelve hours the application is to be renewed, the foot at the same time being well rubbed with a dry towel. In about ten days, friction by means of some simple means, such as common flour, must be employed and the ordinary shoes worn. After some days, brownish-yellow portions of epidermis will separate, leaving a white, clean, healthy epidermis behind. For some time afterward the flour should still be rubbed into the foot. At the end of two or three weeks, the foot-sweating either disappears forever, or, at least for one or more years.

ITCHING OF SKIN IN VARIOUS COMPLAINTS.—Apply a lotion of bichloride of mercury, ex. g., hydr. bichlor. gr. i., aquæ distill. ounces v.; alcohol drachms ij. ft. lotio. apply this three times a day. The quantity may be increased or diminished according to the effect.

PRURIGO.—In obstinate cases and in the prurigo of old people the following treatment gives good results. Let strychnia be given in doses of the sixtieth of a grain in solution every three or four,

hours, till a decided effect is produced upon the disease, or till nervous symptoms show themselves, when it may be left off; a vigorous course of arsenic should follow it. To relieve the intolerable itching, the skin should be frequently rubbed with a damp sponge dipped in fine oat meal, after this the tincture of croton (made by steeping an ounce of bruised croton seeds for a week in four ounces of spirit) should be applied, and after this has been done a few times, a lotion of bichloride of mercury in almond emulsion, fifteen to twenty grains to a pint will complete the cure. The application of iodine or of glycerine is sometimes of use. For the affection of the pundendum, Bateman recommends a lotion made of two grains of bichloride of mercury, and one ounce of lime water. Injections of very hot water, juniper-tar ointment, blisters to the thighs, and small bleedings, are upon the whole the most reliable remedies.

PSORIASIS.—Arsenic in the treatment of psoriasis would be found much more serviceable if its administration were continued steadily for months. Next in efficiency to arsenic in the internal treatment of psoriasis, comes codliver oil. Its use is especially indicated when there are any indications of struma. Alkalies should be given when there is a gouty or rheumatic taint, or when there is a tendency to acidity of the stomach, and to the deposit of lithates in the urine; no alkaline preparation is more suitable than liquor potassæ, taken in a large quantity of water, in doses of twenty drops thrice daily. In chronic cases, local treatment is required, the scales must be removed by means of warm baths and thorough rubbing with towels after each. Preparations of tar are the most generally useful. To the head and face, however, these are inapplicable, and a solution of soft soap and water is preferable.

SOLUTION OF VENICE TURPENTINE AS A DRESSING FOR WOUNDS.—Apply over the whole surface of the wound a compress consisting of several folds of linen, well soaked in the following dressing; Venice turpentine two pounds eight ounces troy; bicarbonate of soda, six and a half drachms; water, eighteen pints imperial. This is to digest in a bath for six days, at a temperature not higher than seventy-five degrees C., and then filter. The compress should be moistened by means of a sponge with some of the solution every four or five hours. Cicatrization of even very large wounds under this treatment is wonderfully rapid, the secretion of pus being very slight, while there is an entire absence of fœtidity.

TINEA.—*Diagnosis of.*—Tinea may be recognised without the use of the microscope. First, we may eliminate all diseases which really begin with pustules, and refer them to impetigo, which is not a contagious disease at all. Vesicular diseases do not occur. True eczemas is a weeping of the surface followed by crusts. Thus, there only remains the true tinea, dry, scurfy, reddened patches, accompanied by clipping, shedding, twisting, and loosening of the hair, and a secretion of scales, which in favus may even assume the form of crusts.

SYPHILITIC AFFECTIONS.

SYPHILIZATION.—Immunity from variola is obtained by one single inoculation, whereas immunity from the syphilitic virus is only ob-

tained by a long series of inoculations. But when the cure is effected it is permanent, whereas nothing can be more melancholy than the results of the mercurial treatment. The employment of syphilization as a prophylactic would be immoral; but as a curative agent, where the disease is already constitutional, this accusation cannot be made. The virus may be taken from an indurated chancre and inoculated on both sides of the chest; after three days, pustules are developed, and from these fresh inoculations must be made a distance from the first. At the end of every three days, the process must be repeated, so long as the matter continues to afford a positive result. When this is no longer the case, fresh matter must be procured and inoculation proceeded with as at first. When this no longer takes, a third must be procured and inoculation on the upper arms, and then on the thighs. This treatment is radically curative of syphilis, being followed only by twelve or thirteen per cent. of the relapses, and these are so mild as only to require two or three days' treatment. Children should be treated precisely the same as adults; but the results have not been so successful as they have among adults.

Sometimes it is difficult to procure an inoculable secretion from an indurated sore. By constantly applying some savine powder to the surface of the sore, an incurable secretion is produced.

AFFECTIONS OF THE EYE.

CATARACT.—There is no notable difference between the results of the upward and downward section, if equally well performed: but the downward operation is generally carried out more perfectly, in consequence of the greater rapidity and facility with which it may be executed. The operation for cataract should be performed in bed, in order that the patient may have the advantage of being in a position of the most complete muscular repose, and of being able to remain in the same position after the operation. The operation being on the right eye, the surgeon must sit behind the head of the bed. Immediately after the operation, the compress bandage must be applied. The orbit should be equally padded with picked lint, in little discs, over which a simple ascending turn of a flannel bandage is moderately tightly drawn across the eye. In a case which is running a favorable course, it is unnecessary to open the lids until four or five days after the operation.

Removal of Cataract by the Scoop Method, or by Traction.—The present mode of extracting a cataract by the flap operation is attended by considerable percentage of failures. A safer operation is the following, the principle of which is to make a wound of such a size and shape as would permit the transit of the cataract, but not without the use of an instrument to draw it through the opening. Having given chloroform and opened the lids fully with a wire speculum, fix the eye by means of a strong pair of forceps. Then, by means of a spear headed knife, curved at an angle on the flat, make an incision through the substance of the cornea, about half a line from its junction with the sclerotic. This may be either at the upper or outer part of the cornea. Next remove a small portion of

iris by means of forceps bent at an angle, and with fine Asselini points. The object of this is to facilitate the exit of the cataract, to prevent the possibility of prolapse, and to diminish the liability to iritis and closed pupil. The capsule must now be opened freely in the same way, and with the same instrument as in an ordinary flap extraction. A thin, flat, and concave scoop must now be passed to the posterior surface of the lens, and then withdrawn, bringing with it the lens, or such nucleus portion of it as is of sufficient density to escape entire. Every particle of opaque lenticular matter must be carefully removed by means of a suitable spoon. The after treatment consists in the application of cotton wool soaked in cold water to the surface of the eyelid, and in the use of atropine in order to keep the pupil well dilated.

CATARRHAL OPHTHALMIA.—More frequently than otherwise local applications, such as nitrate of silver and sulphate of zinc, prolong the complaint and cause granulation of the lids. All depleting remedies must be avoided: the treatment should be entirely restricted to constitutional remedies of a tonic character, merely directing the eyes to be frequently fomented with warm water, as much for the purpose of cleanliness as for comfort. If there is much intolerance of light or lachrymation, Dover's powder should be given in small doses. In ordinary cases bark and ammonia are the most suitable remedies.

FUNDUS OCULI.—*To Examine without the Ophthalmoscope.*—Place a lamp on a table in a darkened room, place yourself between the lamp and the patient, letting the lamp shine into the eye over your right shoulder (previously dilating the pupil with atropine.) With a lens of about two inches focus you may see the interior of the eye very well.

IMPROVED EYE SPECULUM.—The ordinary wire forceps sometimes allow the lids to overlap, and so interfere seriously with the progress of an operation. The parts of the instrument directly employed in separating the lids should be grooves of metal—troughs in fact. These should be curved, and the length of the ordinary eyelid. This speculum may be obtained from Messrs. Weiss, London.

PARALYSIS OF THE OCULAR MUSCLES.—*Electricity.*—When electricity is applied for the cure of paralysis of the ocular muscle, a beneficial action is only produced when the excitation is relatively weak. All improvement ceases if the current is applied too strong, or for too long a time. Half a minute at a time is quite sufficient. The cure is dependent, generally speaking, upon reflex excitation through the fifth pair of nerves, and not upon direct excitation of the nerves supplying the muscles themselves. Hence, the proper measure for the strength of the current is always measured by the sensitiveness of the fifth pair. When improvement occurs it is generally instantaneous, so that if none takes place in a fortnight it is not worth continuing the trial longer.

PHLYCTENULAR CORNEITIS.—*Yellow Oxide of Mercury.*—Ointments containing red oxide of mercury are favorite remedies, especially in various forms of belparitis. But they have one great disadvantage, they are liable to irritate too much, owing to the crystalline form of the red oxide which cannot readily be sufficiently pulverized. The amorphous or yellow oxide, prepared by precipitation, is indubitably preferable to the red. One drachm of the

yellow oxide in each ounce of ointment is about the proper strength. The good effect of this ointment is most seen in the more chronic cases, where congestion is only passive. It should be applied only once a day, with a small brush, which is dipped in the ointment and applied between the eyelids; these, by their closure, rub off the ointment from the brush. It should not be left long in the eye, but, when it has become diffused over the eye, wipe off as much as possible with a piece of linen.

VASCULAR CORNEA AND GRANULAR LIDS.—*Purulent Inoculation*.—The more vascular the cornea the greater the probability that no sloughing will follow the treatment by purulent inoculation, and *vice versa*. In several cases, it is a good plan to perform circumcision of the conjunctiva, and then to inoculate a few weeks afterward. A broad belt of conjunctiva should be removed around each cornea, care being taken to clear away every trace of tissue down to the sclerotic.

MIDWIFERY, AND THE DISEASES OF WOMEN AND CHILDREN.

ABORTION.—When the general symptoms, such as a shrunken condition of the papillæ of the breasts, a watery uterine discharge, and extreme lassitude, indicate the death of the early fœtus, it is better to give ergot at once; if this fail, the introduction of sponge tents will be sure to produce expulsion.

DEFORMED PELVIS.—*Induction of Premature Labor*.—An interesting case of induction of premature labor is related at page 227. The os was gradually dilated by means of the india rubber bags, and the attempt to extract by means of the forceps proving a failure, the child was turned. The pelvis, however, was so contracted that it was found impossible to extract the head; so as the funis had ceased to beat the occipital bone was perforated, and the head (occiput looking directly backward) extracted by the craniotomy forceps.

DYSMENORRHEA.—In bad cases of dysmenorrhea there is frequently retention of the fluid of the uterus, owing to the mechanical obstruction at the junction of the cervix with the body of the uterus. Where the cervix is hard and dense, cutting operations are most indicated, but under other circumstances the use of tents are preferable.

A good instrument for incising the contracted os is like a scissors with the cutting edges directed outward. When closed, the blades overlap each other, and thus the cutting edge of each is protected by the back of the other. The incision of course is made as the instrument is withdrawn. To prevent union, roll a thin piece of sheet lead round the points of an ordinary dressing forceps, and passing it into the wound, when by opening the blades of the forceps the lead is expanded, and it is thus left in the wound, and forceps being withdrawn. A piece of cotton wool must be placed in the upper part of the vagina, so as to keep the lead in its place and to control bleeding.

ERGOT.—*Active Constituents*.—Two vegetable nitrogenised alkaloids may be isolated from ergot of rye. Half a grain of "ecbolina"

produces the same effect as half a drachm of ergot; it induces a specific action on the spinal column and muscular system, which leaves behind a great amount of debility. The other alkaloid "ergotina" is of no medical value.

FACILITATION OF THE FIRST STAGE OF LABOR.—Separation of the membranes for some distance round the os favors dilation much more efficiently than any means hitherto employed. Relaxation of the os will very generally be effected by the finger; if this is not practicable, however, Dr. Hamilton's uterine bolt may be used.

PLACID UNCONTRACTED UTERUS.—*Electro-Magnetism.*—Apply one pole of an electro-magnetic machine inside the uterine cavity, whilst the other is applied externally over the abdominal walls. By this plan contraction was produced in a case which had resisted all other means:

HYSTEROTOMY.—All the good that can be gained by hysterotomy in the cure of uterine flexions, and of obstructible dysmenorrhea, and the sterility which is so often associated with these conditions, is certainly gained by an incision which only passes through the mucus membrane and the innermost layer of muscular fibres. It is dangerous to cut into the thicker middle layer of muscular fibres, containing as it does large vessels, especially veins, and *a fortiori* into the outer layer which is so intimately connected with the peritoneum.

INCISION OF THE OS UTERI.—There are many cases of conical cervix uteri, the os externum being so minute as scarcely to admit the uterine sound. The os internum in these cases are usually of normal calibre. Division of the os externum relieves the cases, which are characterized by dysmenorrhæe, metrorrhagia, and sterility.

LACERATED PERINEUM.—The surface of the wound must be clean and regular in the operation for the cure of lacerated perineum, otherwise primary union of the two surfaces will not take place. It is well that the wire sutures should be inserted at least half an inch, or, better still, an inch from the margin of the wound, and brought out at its posterior border close to the vaginal mucus membrane; it should then be reintroduced at a corresponding point on the opposite side, and brought out at a spot similarly situated into the one at which it was introduced. When the recto-vaginal septum is introduced or sphincterani has been lacerated, the posterior suture should be made to pass through the thickness of the recto-vaginal septum.

Complete Rupture of the Perineum.—When the plastic operation is performed for the cure of complete rupture of the perineum, very great care and attention are required to retain the parts in accurate contact, because the action of the sphincter muscle is continually tending toward the separation of the edges of the wound at the lower angle. For this reason it is very desirable to paralyse the action of the sphincter for the time, by an incision. It is, however, sufficient to divide it on one instead of both sides as is usually done.

PAINFUL MENSTRUATION.—The severe operative measures which have been recently recommended in the cases of painful menstruation are in most cases unnecessary. The cavity of the cervix is scarcely ever contracted without severe disease, and any contraction, if such really exists, is generally at the sphincter of the os

internum, and may be remedied by a division of the tissue to the depth of a line on either side. It must be remembered, however, that this sphincter muscle, even in the healthiest females, is rarely passed by a bougie without some little resistance. Menstruation may be painful from its dawn to its close without any mischief or impediment existing of any kind whatever. Gradual dilatation by means of sponge tents is far more permanent in its results than division with cutting instruments. The tents, however, must be very short, so as not to reach the uterine cavity, and must never be introduced without the absence of any inflammatory state is first ascertained by means of a speculum. Metal dilators are injurious, they do not dilate but crush the tissues.

PLACENTA PRÆVIA.—When the os is undilated and rigid, separation of a zone of placenta by the finger will not only check hemorrhage, but produce relaxation.

PROCIDENTIA UTERI.—Remove the mucus membrane from the base of the bladder in two broad bands, extending from a point a little behind the urethra to each side of the cervix uteri for the purpose of closing the pouch, and thus forming a firm, unyielding support. This is to be effected by means of silver sutures. In order to keep the prolapsed uterus in the proper mesial line, and so obviate the difficulty of keeping the proper line for scarification, bend the end of a flexible plated copper sound in a circle sufficiently large to slip over the neck as a collar, and let an assistant with this firmly depress the prolapsed base: The mucus membrane may be removed by means of curved scissors.

PUERPERAL FEVER.—The principal object to be sought, in order to prevent that form of puerperal fever not dependent on contagion, by the medical attendant or the nurse, must be firm contraction of the uterus after labor. Pressure by the hand, and the passage of lumps of ice up to the uterus per vaginam, are the only means which can be relied upon for this purpose. The administration of ergot is, however, a useful addition, and may be given as a rule in almost every case of labor, after the birth of the child, with the object of ensuring the firm contraction of the uterus. It may be combined, in powder, with tincture of indian hemp and borax, and some stimulant and aromatic. If noxious fluids are present in the uterus, at any period subsequent to the labor, and are threatening by their absorption to produce fever, the uterine cavity should be washed out with a weak solution of the sulphites or hyposulphites in tepid water.

Puerperal Convulsions.—*Chloroform.*—In an interesting case of severe puerperal convulsions, attended with opisthotonos and symptoms resembling those produced by strychnine, the use of chloroform produced marked alleviations of the symptoms. The inhalation was kept up for three hours, and the patient ultimately recovered.

REMOVAL OF PLACENTA.—When the child is born, the hand must follow the descending womb, and grasp it, so gently as not to cause pain, and yet with a moderate firmness. This pressure ought to be relaxed as little as possible during the separation of the child. The placenta will now be usually found partially extruded, and a short continuance of the pressure will effect complete expulsion.

TEDIOUS LABOR.—*Ergot.*—When we desire to produce pains ex-

actly like the natural labor pains, that is, not so severe as to be continuous, we ought not to employ the large doses of ergot usually given. Five grains given every quarter of an hour will produce all effects desired.

VESICO-VAGINAL AND RECTO-VAGINAL FISTULÆ.—In the operation for the cure of vesico-vaginal fistulæ, the principal element of success is the absence of irregularity or raggedness of the wound's surface. If any such irregularity exists, primary adhesion of the edges cannot take place. To render the pairing of the edges more certain and satisfactory, Mr. Bryant, of Guy's Hospital, has invented an instrument to transfix and steady the part, whilst at the same time it acts as a guide to the knife. The instrument consists of a handle, to which are adaptable six guides, three for transverse and three for vertical fistulæ. In each of these two sets there is one with three prongs, one with two, and one with only one prong. In the set for transverse fistulæ, these prongs are in the same line as the handle, whilst in that for vertical fistulæ, they are at a right angle. In both sets the prongs are set in a bar, in the same manner as the prongs of a rake. These prongs should be inserted at the edge of, but not through, the mucus membrane of the bladder, and passed *between* the tissues, and then brought out through the mucus membrane of the vagina. It is now easy with one sweep of the knife to remove the transfixed portion of tissue. The lower margin must then be treated in the same manner as the upper, and the raw surfaces be brought together by wire sutures.

CHOLERA.

PATHOLOGY AND TREATMENT.—The poison of cholera acts through the blood chiefly on the ganglionic nervous system, at first probably rousing it up to violent action, but followed very rapidly by its paralysis. Thus, at first, we have spasm of the organic muscles of circulation, respiration, voice, of the intestinal canal, and many of the voluntary muscles. The consequence is, that the blood is sent into all the great central veins, and cannot get round to the left side of the heart, on account of the same spasm or contraction of the branches of the pulmonary artery. In short, the circulation is stopped or nearly so. Then follows the real collapse, when spasm relaxes, but it is the relaxation of death, unless the vital power has energy enough to begin again. On the first attack of real Asiatic cholera, therefore, do not stimulate—do not interfere with either vomiting or purging*—but use the utmost diligence in giving *chloroform*, both by inhalation and internally. Teach the nurse how to do it, as you cannot be everywhere, and cannot be both doctor and nurse. Relax the cramps and spasms by chloroform: and, if necessary, carefully stimulate by ammonia or champagne, but not till the spasm is overcome. The circulation will then be resumed, and not be followed by the dangerous reaction, which

* The premonitory purging of cholera may be cautiously treated in the way we treat English cholera, but, if it prove to be the real Asiatic cholera, we think that astringents ought to be at once given up.

formerly killed so many patients. But avoid all stimulants, if you can, and let the reaction come slowly, and if you feel compelled to stimulate let it be by spt. am. co., champagne, or other mild wine. Give copious draughts of cold water, and even encourage vomiting. Give copious saline effervescing draughts, if agreeable.

Do not give opium at all, let the purging alone. It is supposed, that it does more good than harm by *eliminating* the poison, and some even increase the purging by giving castor oil. Encourage vomiting by large quantities of cold water, with a little mustard in it, if necessary. The muscles of vomiting are so energetic that the water will often be ejected with violence, but keep repeating the cold water, which is always greedily swallowed. There seems to be no specific power in calomel or any other medicine. Apply external cold or warmth as may be most agreeable. The best way to apply warmth is to wrap the patient up in a blanket wrung out of hot water, and over this hot, wet blanket place three or four other blankets. The hot blanket can at any time be renewed, and if you like you can, during its renewal, wipe the body over with a towel or sponge wrung out of cold water. The skin will be powerfully stimulated by this treatment to draw the blood back from the central veins, as soon as the contraction of the pulmonary capillaries will allow the blood to get round to the left side of the heart. Another method is to place the patient in a hot hip bath, with his feet in a foot bath, the hot water to have about a pound of flour of mustard in it, and to be kept hot by adding hot water as required till reaction sets in, and the cramps and spasms relax. We have said nothing about bleeding, because, although we think that the practice was correct as laid down by the several writers mentioned, yet we have in chloroform, and other antispasmodics, all the good effect of bleeding, without the danger. And, as to stimulants, they are generally injurious; a combination of compound spirit of ammonia with chloric ether is one of the safest and best stimulants we possess, and champagne and other sparkling wines are now so cheap and good, that we should recommend them before all others.

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ARE EPIDEMIC DISEASES INFLUENCED BY LOCAL CIRCUMSTANCES?

READ BY APPOINTMENT TO THE MEMPHIS MEDICAL ASSOCIATION, BY FRANK A. RAMSEY, M. D.

I trust that I will escape a charge of vain temerity, and receive at least, the commendation due good intention, whatever little success may attend my effort in attempting to sustain a proposition that is very positively opposed to the settled convictions of the minds of the people, and encouraged by very many medical advisors, in whose expressions and modes of practice a very large number of people properly repose confidence.

The question, as proposed by the committee, is definite and positive, but not more so than is the opinion that I have formed, and I think, after a very careful consideration of the relationships involved by the subject. And though I think the subject much too profound for an evening's consideration, what I shall say will be enunciated under a sense of the responsibility, enforced by language employed in the introduction to the code of ethics, by which we are governed: "*Physicians are peculiarly enjoined, by every consideration of honor, and of conscientious regard for the health and lives of their fellow beings, not to advance any statement, unsupported by positive facts, nor to hazard an opinion or hypothesis, that is not the result of deliberate inquiry into all the data and bearings of which the subject is capable.*"

The opinion I am called to defend to-night, has been formed, after a careful research, made at a period of my professional life, long anterior to the present, and I regret my inability now to renew my familiarity with the authorities by which I was convinced, that I could readily bring them in evidence before the intelligence to which I speak. But circumstances will not permit this, and I have to beg the forbearance of my associates, for any failure on my part "to explain and dilucidate, to add and amplicate, according to the laudable customs of the ancients in their sober promotion of learning." Do not, I beseech you, let the importance of the opinion defended by me, suffer because of the lack of facilities, or the want of capacity to employ such as can be commanded, on the part of the advocate.

During the impromptu discussion on the first evening of the session of this society, a worthy member said: "Before we can understandingly arrive at a conclusion, we must know the meaning of words." This is eminently true, as regards the subject now before us. What is meant by epidemic disease? The simple derivation—"upon people"—does not give it any force, or permit it to convey any different impression, than the almost identically derived word, endemic—"on people." If a disease is to be called an epidemic because it occurs to many people at the same time, then, indeed, my task is so difficult to accomplish, that I am forced to cry enough. But while this occurrence of disease upon many people at the same time, has given, I believe, origin to, and mainly sustains, the very extensively prevalent error of opinion, which it is my province to combat, I am supported by the fact, that two words derivatively identical, are employed by the profession, with conventionally different meanings, each conveying an idea of many people being affected at the same time, but which have never been employed by the profession as interchangeable, or analogous terms; on the contrary, they have been adopted in the nomenclature of disease, for the sole and particular purpose of conveying the idea of many people being affected at the same time, under a designated combination of circumstances, known or assumed, in the one instance, and in the other instance, of many people being affected at the same time, under an intimate or essential condition, not yet understandingly embraced by the knowledge of the most diligent investigators. The conventional differences, probably, can be better apprehended by illustration, as otherwise, no definition can be given not admitting of objections. Cholera morbus is treated of by systematic writers, as a *sporadic*, and as an endemic disease, but I believe, never as an epidemic disease, notwithstanding it

occurs in Europe and America. Cholera morbus is *sporadic*, when it originates from any accidental cause, and affects a greater or less number of persons at a place, all of whom, however, are placed under circumstances approximating to, if not positive in, identity; and which circumstances constitute the cause of the disease, and can be definitely pointed out, and are susceptible of being very nearly, if not entirely, suppressed or destroyed, and which circumstances being thus prevented from occasioning disease, proof positive is furnished, that the cases that had already occurred were *sporadic*; and this is true, if there had occurred the limited number of five, or the larger number of five hundred. If, at a locality, ten, thirty, or three hundred drink river, spring, or well water, and sicken with vomiting, purging, sweats and cramps, and collapse and die, while none who uniformly drink cistern water are so affected, all other kinds of water should be eschewed by the citizens, and cases of *sporadic* cholera would cease to present. Cholera morbus is *endemic* when it occurs at any one place, with sufficient frequency to prove the permanent existence of an agency, whether known or unknown, that is efficient in the production of the disease in persons at the place, whose systems are adapted, from personal habits, or conditions of relationships to be impressed by the morbid agency. Sydenham described endemic cholera morbus in 1669. He says: "It sets in at the end of summer and the beginning of autumn, as truly as the swallow comes in spring, or the cuckoo sings in summer." And that would properly be called endemic cholera morbus, which will appear on a large southern plantation during the warm or hot months of the year, so long as the proprietor fails to surround his laborers with cleanliness of apparel, habitations, and grounds, eschewing the judicious care exhibited on the adjoining plantations in ditching, liming and attention to all that is generally regarded as conducive to health, and by which the neighboring proprietor keeps his laborers from sickness and death, in securing the absence of conditions promotive of the efficient operation of the permanently existing cause of the disease. But there is an affection which in many instances presents vomiting, purgings, sweats and cramps, and collapse and death, which is, in truth, an epidemic, as will be recognized in the language I now quote from a paper published several years ago in the *British Medical Chir. Review* on cholera. I beg attention to its positiveness, and because it is indeed a graphic description of any properly termed epidemic disease:

"At the same time spreading consternation in the United States, throughout the north of Europe, in the deserts of

Arabia, the towns of Egypt, Cuba, and other islands of the Atlantic, and the cities of Mexico. It was absolutely confined to no particular character of locality, but showed itself occasionally upon lofty mountains, in the midst of sandy deserts, and among the scattered inhabitants of thinly peopled agricultural districts. *No barriers opposed its progress. It crossed mountains, deserts and oceans. Opposing winds did not check it.* All classes of persons, male and female, young and the old, the robust and the feeble, were exposed to its assaults."

And without regard to special references, the concurrent authority of reliable observers may be tersely expressed. In 1817, the cause—a *specific one*—sprang from the jungles of India, and took up its devastating march, without regard to circumstances; sometimes regularly onward, sometimes wayward, uninfluenced alike by heat or cold, wet or dry, cleanliness or filth, it poisoned and sapped the principle of vitality in the persons of the high and low, the temperate and discrete, as well as the vicious and those given to excessive indulgences. It is an active, actual, self-existing *something*, flying hither and thither, seemingly at its own option—its visitations being unaccountable, not necessarily or always preceeded by any voice of warning, or evidences to arouse unpleasant anticipations or fearful apprehension.

These differences and distinctions, I presume, cannot be ignored; as, in reaching and expressing them, I have freely, and without the fear of being charged with plagiarism, employed the words, and combination of words, previously used, and by others with so much uniformity, as to have become common, in conveying doctrine commonly received, by those intimately conversant with the subject, since Van Surichten, if indeed it was not before, taught that all other diseases were modified by epidemic diseases, they not being modified themselves.

It cannot be otherwise. The assumption that the depressing impression on the principle of vitality made by accidental or local morbid influences, must render economies more liable to attack by the causative something of epidemic diseases, is one that I will not attempt to argue against. Mere ratiocination in accordance with general principles will, probably, lead to the adoption of such conclusion; but positive observations, so far as the record goes, are directly the opposite—so much as to prevent any approach to correctness on the part of individuals who will cling to the deductions of abstract reasoning, and only because facts cannot be reduced to system and controlled at pleasure. A distinguishing element of an epidemic disease is, the ratio of its mor-

tality to attacks is as great in healthy as it is in unhealthy districts.

It does not appear to me how it can be otherwise than true, that epidemic diseases modify all other diseases of accident or locality, without reciprocally being modified; or if not true, then there can be no such thing as epidemic disease. For it is evident, that to be epidemic, or universal, each case, however widely separate in locality and relationships, must present similarity of essential feature to every other case; and that the moment any accidental, or permanent cause of locality, exhibits the peculiar features of its own impress, sporadic or endemic character is demonstrated, and the power of an epidemic cause is not there, because the evidence of the existence of such a cause does not present.

An accidental, or permanently local cause being found and recognized by its effects, it is unphilosophical, because unnecessary, to seek for other cause, whether more occult or not. It is not alone unphilosophical, but pernicious—the desire to develop the unknown, and probably the unattainable, will overcome, in some degree, if not all disposition to investigate the sources and promotive influences which are at hand, immediately within reach, that are, if not wholly removable, at least modifiable and mitigable.

If there is truth in the teachings I have advocated, is it not the duty of medical men to advertise the general public, that any epidemic disease disregards conditions, and that predictions from any source, of epidemic visitation is the sheerest guess work, and only adapted to arouse the horrid emotions of fear, without benefit, because no precautionary measures are adequate to its opposition? And by thus fortifying the public mind, destroy any tangibility attached to that which should be nothing more than Churchill's fancy, conveyed in the lines:

"Most of those evils we poor mortals know
From doctors and imagination flow."

At the same time, however, let it be widely and impressively taught, that much the largest proportion of disease treated by physicians is occasioned by accidental and local causes, the efficient operation of which can be very materially lessened, if not wholly destroyed. Make the capacity of the science of medicine be understood by the people, and they will give it reliance to such an extent, as to compel the elected authorities to properly solicit the advice and counsel of medical men, and pay proper deference, in giving application to their suggestions and direction; and, with an appreciation of the science of medicine, the people will not, as they do now, expect more from it than it is able to accomplish.

Let the people be fully persuaded, that much the largest amount of disease treated by physicians, is occasioned by accidental and local causes that are, if not entirely suppressible, at least modifiable and mitigable, and a health officer will be as necessary to municipal and civil organization, as a mayor and a governor—and instead of spasmodic efforts to institute cleansing processes to prevent a possible evil, cities and towns certainly, and perhaps counties, would at all times exhibit the pleasantness of perfect cleanliness, and the absence of everything offensive to the senses, thus rendering almost impotent, if indeed not preventing, an otherwise ever present evil.

A CASE OF THE RESTORATION OF THE POWER OF SPEECH,

WITH A RETURN OF CONSCIOUSNESS AFTER THEIR SUSPENSION FOR EIGHTEEN MONTHS, BY THE USE OF THE TREPHINE; BY A. ERSKINE, M. D.

I shall make no apology for reporting the following case, not strictly my own; nor do I feel that in doing so, I am doing the gentleman whom I prominently assisted in the operation, any injustice. Should this paper fall under his observation, he will, I am sure, be gratified at its publication, if indeed, he has not already published the case himself. It is one of much interest, and will add another to the list of cases of suspended consciousness, which have been reported in the medical journals, and in works on mental philosophy.

During my hospital service at La Grange, Ga., in the year 1864, the patient was brought to the post, in a confirmed dementia, and placed in the Cannon Hospital, then under the care of Surgeon L. U. Tuttle, C. S. A., of Vicksburg, Miss., a gentleman of ability and learning. He was a young and healthy looking Frenchman, from the province of Gascony, who had lost the power of speech, and possessed just enough intelligence to comply with the simplest commands, such as walking to and from the room, spitting, wiping his mouth, etc. He would respond to the calling of his nickname, "Dash," the only one by which he was known, by a silly, inanimate smile, but made no attempt to speak; and although his eye was bright, it was almost destitute of expression, and his countenance was dull and heavy. He would sit in one position during the entire day, without motion, unless urged to

do otherwise by loud and repeated calls—moving then mechanically, and with difficulty, and paying no attention to anything occurring around him. He had been passed from one hospital to another, as hopelessly incurable, and had been at La Grange for weeks before his previous history could be obtained. From some of the members of his company, who recognized him, it was ascertained, that up to the battle of Murfreesboro, he had been a lively young fellow, of good intelligence, and of active, sprightly habits, and before the war had been a ship chandler's clerk in New Orleans, where he had enlisted; that at that battle, he was struck on the head by some heavy body, which had driven in his skull, rendering him immediately insensible, and he had been left on the field as dead. He had gone the rounds of the prisons and hospitals, and during the eighteen months which had elapsed, he had never spoken, and no ray of intelligence, beyond those simple ideas seemed ever to have penetrated his mind. His physical health was good, his appetite voracious, and his digestion unimpaired; but he had to be cared for like a child. His feet were oedematous, and his body had an anasarcaous tendency. The shape of his head was singular. By the force of the blow, there was an extensive depression over the right side of the occipital bone, near the lamdoidal suture, so gradual and so general, it was difficult to say whether it was a congenital malformation, or the result of violence. A knowledge of his history alone could have determined this. The frontal bone on the left side bulged prominently, giving the head the appearance of having been forcibly compressed from the sides.

The case was so interesting, and at the same time so pitiable, a consultation was called, consisting of Drs. Tuttle, F. H. Evans, the post surgeon, I. M. Henson, and myself, with other medical officers at the post, to decide upon the propriety of an operation. The result was a determination to use the Trephine.

Chloroform was administered, under the influence of which he vainly attempted to cry out. A T shaped incision was made through the scalp, over the point of greatest depression, and a section of bone removed. The operation was performed by Dr. Tuttle, I assisting him; and although it was done carefully and skillfully, there was no immediate result, and we closed the wound with feelings of painful regret at its apparent failure. The patient was put to bed, and in forty-eight hours, a violent erysipelas supervened, which nearly proved fatal. Before its subsidence, however, which occurred in a week or ten days, he began to speak—would reply intelligently yes and no to questions—his knowledge of French

returning first, and he gave his name, which I do not now recall. By degrees, with the healing of the wound, his power of speech was entirely restored, his mental faculties partially recovered their integrity, and he became comparatively active and useful. Was employed in the hospital as a scullion, and during the heat of the summer, he would wander into the fields in search of berries, without injury—a triumph of surgery which, while highly beneficial to him, afforded intense pleasure to ourselves.

The case of the English officer, injured on the head at the battle of Waterloo, and restored to consciousness and speech, after an interval of several years, by similar means, was so prominently before our minds, we were sanguine enough to look for like results. In our disappointment in this, we did not deem it necessary to remove a second section of bone. Had we done so, or had the instrument been larger, he might probably have recovered the entire use of his faculties.

During the war, I saw one other case of a suspension of the power of speech from depressed bone, the result of a gunshot wound. It was near the right temporal, over the *arteria meningeal media*, and an operation was not considered prudent. The mind was unimpaired, and the physical health good. Efforts at speech were abortive, inarticulate sounds only being uttered.

I presume there can be no question as to the propriety of the use of the Trephine, in recent injuries of the skull, with depressed bone. I saw two cases, at least, sacrificed to delay in operating, where, by a timely interference, their lives might have been saved.

ANTERIOR DISLOCATION OF ELBOW JOINT:

BY R. H. HUNT, M. D.

AT LARGE.

DEAR RAMSEY:—Learning that you intended embarking in the very commendable work of professional journalizing in the great commercial capital of Tennessee, I beg leave to send, as my mite, the following:

At the commencement of the war between the United States and Mexico, I was appointed Surgeon to the 2nd Regiment Kentucky Volunteer Infantry, of which Henry Clay, Jr., a gentleman and scholar, a friend and a soldier, was Lieutenant Colonel. Upon an occasion, by the bad action of

his horse, he was severely injured, receiving a dislocation of the elbow joint.

The dislocation was anterior. I was young at the time, and very timid in practice. Recognizing the character of the dislocation, I went immediately to my tent, where I had a copy of Sir Astley Cooper's work on Dislocations and Fractures, and in that, I found the peculiar dislocation with which I had to deal, entirely ignored as impossible without fracture of the olecranon. The case, however, existed, in spite of the highest surgical authority. The olecranon process, *unfractured*, was distinctly felt before the humerus. Now, what to do? I tried by extension and counter extension, by direct traction to remedy the evil. Failing in this, I flexed the forearm upon the arm, changing the extension to near the joint, repeating the traction, and at the proper time, suddenly extending the forearm, and stopping the traction, the luxation was reduced. Then, a roller bandage, and a dose of morphine, and my work was done. A cold water dressing would have been better; but shortly Col. Clay was about, with tolerably free use of his arm, and his control of it increasing each day. He was killed at Buena Vista.

During my professional life here, and while temporarily abroad, I have examined many books on the subject, and all agree with Sir Astley Cooper, except Prof. Gross in his extensive work on surgery, who reports that three cases of it have occurred, and who tries to explain the manner by which it may be caused. Prof. Frank Hamilton, in his "Fractures and Dislocations," states that Velpeau and Vidal have, each, reported a case. Whether the cases referred to by Gross are the same as reported by Hamilton, I do not know. My case, however, has never been reported, and as a matter of course, is not on the record.

EXCISION OR RESECTION

OF THE BONES AND JOINTS OF THE LOWER EXTREMITY; BY D.
D. SAUNDERS, M. D.

In the last number of the *Medical and Surgical Monthly*. I gave, in brief, the result of my observations on excision or resection of the bones and joints of the upper extremity. I propose, in this article, to give a brief outline of my observations on excision or resection, as applied to the bones and joints of the lower extremity, necessitated by gunshot injuries.

The degree of vitality of a part, or its regenerative power, is in proportion to its distance from the center of circulation, all other things being equal. The lower extremity possesses much less vitality or regenerative power than the upper; hence, conservative surgery cannot promise such flattering results in the former as in the latter. The extent of osseous and soft tissues being much greater in the lower than in the upper extremity, the nervous shock, and the exhaustion from profuse suppuration, is more to be feared from gunshot injuries of the former. The wonderful advancement which has, of late, been made in the mechanical inventions and contrivances, to supply the loss of limbs, has, in a great measure, lessened the importance of resections of joints in the lower extremity. While the loss of most any part of the lower extremity can be supplied by an artificial limb, no mechanical skill has been able to imitate the hand or forearm as yet, sufficiently to be made very useful. This fact, of itself, would always have its weight with the prudent surgeon, who has the good of his patient at heart, and would influence him, more or less, in selecting his mode of operating.

In military practice, where patients are treated in crowded hospitals, breathing a contaminated atmosphere, after having been subjected to the deprivations and hardships of the march and camp, before the injury, and then transported over rough roads, in springless wagons, to the general hospitals in the rear, it is to be expected that a great many injuries of the lower extremity, will terminate unfavorably. Gunshot injuries of the lower extremity, in military practice, are always to be looked upon as grave; and even in civil practice, under the most favorable circumstances, they do not lose their gravity. In military practice we are continually compelled to sacrifice limbs to expediency, when, under more favorable circumstances, we would resort to conservative surgery.

It is now pretty well established, in military practice, that amputations above the middle third of the thigh, are fatal, as the rule, and should never be performed where the vessels, nerves and soft parts are not badly torn and lacerated. In the Crimean service, no amputation in the vicinity of the hip joint was successful—every individual case died. This only corroborates the experience of the surgeons in the late war, with very few exceptions. Death being inevitable, in so large a proportion of cases, the humane surgeon will permit his patient to die in peace, and not subject him to the pain and suffering of a useless operation, which experience teaches him will terminate fatally in a few days without

diminishing, in the least, his suffering for the brief period he survives the injury.

Resections or excisions of the hip joint, in suitable cases, are more favorable. Of seven cases resected by the English surgeons, and three by the French, in the Crimea, one was successful; and all operated upon were made more comfortable than before. The sanitary condition of the allied armies, in the Crimea, was bad. Scurvy, cholera, pyæmia and hospital gangrene prevailed extensively, and their surgical operations will not compare favorably with those performed during the late rebellion in this country. It is not always easy to determine whether the head of the femur is fractured, and requires care and close examination in deciding on the necessity for the operation. For the upper part of the femur may be shot through, without rotation outward, or crepitation being always present, and sometimes very considerable power of flexion and extension remains. The fracture of the upper part of the femur does not necessarily extend into the head, and *vice versa*. Unless the junction of the epiphysis with the shaft is struck, the fracture is more likely to be confined to a center of ossification; so that in the thigh, as in the arm, a blow just below the trochanter will not usually fracture the head of the femur. Cases of gunshot injury of this joint, in which excision is admissible, are comparatively few, and are confined to those where the blood vessels or nerves are not injured, nor the soft parts much torn, and where the osseous structure involved is confined to the head, neck, trochanter, or the shaft in their immediate vicinity. Should the injury to bone, blood vessels, nerves or soft parts be more extensive than this, the propriety of the operation becomes very doubtful, and as amputation, from its certainly fatal termination, is not to be thought of, there is nothing left but to await, patiently, to see if the patient will revive the reactionary stage, and still retain sufficient constitutional stamina to warrant a secondary operation, with some little chance of success. As the prime and only object in these injuries is, to save life, without regard to the utility of the limb, which must, necessarily, be very limited, we should always exercise the nicest discrimination in selecting our cases for operation, in order that we may not inflict unnecessary pain and suffering from a useless operation, upon those whom death has already claimed as its victims, from the extent of their injuries.

Excisions or resections of the head of the femur should be primary, provided the patient is not to be transported any great distance, as they offer the greatest chances of success, and giving more perfect drainage, thereby avoiding those

complications arising from the burrowing of large quantities of pus, into the deep muscular tissues surrounding the joint. The nervous shock, arising from serious gunshot injuries, should not deter the surgeon from proceeding with his operation, provided it is not excessive, for it will generally be found the case, that the patient will rally under the influence of the anesthetic administered, it seeming to act as a stimulant to the circulatory system, through the quieting influence exerted over the nervous centers. Few cases of gunshot injuries involving the head of the femur present themselves, which cannot be operated on within the first few hours after the receipt of the wound. If excision of the joint be properly performed, by a curved incision just above the prominence of the great trochanter, with its convexity directed downward in the long axis of the limb, no important vessels are endangered, and no additional shock is sustained from the loss of blood. The trochanter major must always be removed, whether implicated in the injury or not, as it will impede the flow of the pus, and prevent healing by projecting into the wound. Should the head of the bone not be entirely separated from the shaft, it must be disarticulated before sawing it off, as it can be done at that time, with much greater facility, than after the separation from the shaft. All the loose spiculæ of bones or foreign bodies, with coagulated blood, must be removed, and the wound thoroughly syringed out, with tepid or cold water. The after treatment consists in placing the limb in proper position, and right direction with the body, to secure comfort to the patient. As there must necessarily be great shortening and often deformity, following this operation, no regular extension and counter extension is to be made, but the tendency of the end of the femur to protrude at the wound, is to be remembered, and to be guarded against, by attaching a small weight to the foot, and permitting it to hang over the foot of the bed. The patient's comfort will frequently require his position to be changed, and hence the limb must be fixed in some way to facilitate these changes. Smith's anterior splint presents advantages over any other mode of treating these cases, and I think experience will demonstrate its great superiority over other splints, in the treatment of nearly all fractures of the femur, where violent extension is not required.

Only three cases of excision of the head of the femur have fallen under my observation. Two of them were primary, and one operated on twenty-eight days after the injury. The two primary operations proved fatal, one the twenty-second day, and the other the twenty-fifth day succeeding the operation, from exhausting suppuration. In the case operated on

twenty-eight days after the receipt of the wound, I was not present at the operation, which was performed after the battle of Gettysburg, by Dr. Ash, of Philadelphia. The head of the femur, neck and trochanter were comminuted by a grape shot, which knocked off a portion of the superior rim of the acetabulum. About four and a half inches of the bone was removed, including the head. The subject of the operation was a healthy young man of twenty-three years of age. I last saw this case eighteen months after the operation. He was walking about with a crutch, and could even walk pretty well with a stick; the wound had entirely healed, and the limb was three inches shorter than the sound one. The upper end of the femur, with the new bony tissue which had been thrown out, was drawn up in contact with the acetabulum, and considerable mobility at the seat of the joint was retained, sufficient at any rate, to make the limb very useful, much more so, than commonly exists after this operation. Excision of this joint, where the blood vessels, nerves and soft parts are not torn, is greatly to be preferred to amputation.

Compound comminuted fractures of the femur above the middle third, from gunshot injuries, where the blood vessels or large nerves remain intact, and the soft parts are not greatly lacerated, are always to be treated without amputation. If there be much comminution of the bone, the loose spiculæ, which are so much detached from the periosteum, as not to retain their vitality, must be removed, by either making or enlarging the opening on the outside of the limb. Many of these cases will die, but the ratio of mortality is greater in those treated by amputation, than those treated without. They are always long and tedious, require good nursing and close surgical attention to prevent the burrowing of pus into the deep muscular tissues. Until the acute inflammatory process is passed, and suppuration is well set up, nothing is necessary in these cases, but placing the limb in a comfortable, fixed position, and the application of cold water dressings. About the tenth day, the limb should be put up in Smith's anterior wire splint, and swung a few inches from the bed. As it is not expected to save the limb without some shortening, no violent extension will be resorted to. Those who have not used the anterior splint in the treatment of fractured femurs, have no conception of its superiority to other splints. and the relief and comfort afforded the patient, by such a perfect manner of fixing the limb, and suspending it, which enables him to change the position of his body in bed, and thereby avoids bed sores, etc. The splint is light, cool, firm, and easily applied, and when once well applied, not

easily loosened, so as to require readjusting. The thanks of the profession and suffering humanity, are due Dr. Smith for the introduction of this apparatus into the surgical world, for I have been the witness of its beneficial influence in numerous instances, in the last four years.

Of twenty-eight cases of compound fractures of the femur, above the middle third, from gunshot injuries, coming under my observation, twenty-two were treated without amputation, and six with amputation. Of the six primary amputations, all proved fatal within three weeks after the operation. In the twenty-two cases treated without amputation, fourteen died, and eight recovered with pretty fair limbs. In these twenty-two cases, all loose spiculæ of bone were removed, and where practicable, the wounds thoroughly syringed out. In eight of the fatal cases, death resulted from pyæmia; in two, from excessive inflammatory action; in three, from exhausting suppuration, and in one, from pneumonia. In four of the cases which proved fatal, and one that recovered, there was considerable comminution of the bone, and a number of spiculæ were removed, by enlarging the openings made by the balls, on the outside of the thigh. Of the eight successful cases, the wounds were cleansed of foreign bodies and loose spiculæ of bone in five, and the other three were examined with that view, but it was not found necessary.

These cases generally arrived at my hospital post from thirty-six to eighty hours after they had been wounded, and were not in a condition for examination at that time; hence, the examination and cleansings were generally delayed until the suppurative stage set in, and became well established. Were it left optionary with me, I should prefer making primary cleansings of these wounds, to avoid the irritating influence of these spiculæ of bone, which are driven into the surrounding tissues, and increase the inflammatory action, and the formation of pus.

In the eight cases of recovery, the patients were able to move about on crutches in from three to five months. In one of the eight cases, there was bony union within twenty-one days from the receipt of the injury. The fracture was an oblique one, with little or no comminution, and situated just above the middle third. The superior extremity of the lower fragment, overlapped the upper fragment on the inner side for an inch, and was denuded of periosteum. This portion of denuded bone was removed, by cutting down on the inner side of the thigh, hooking the chain saw around it, and sawing it off.

Amputations of the thigh below the middle third are far more successful, than those above, presenting more chances

of recovery, than excisions of the shaft below that point. Primary amputations below the middle third of the femur, where there is laceration of the blood vessels, nerves, or soft parts, should always be performed without delay, at the field infirmaries. Had this rule been uniformly adopted in the late war, many lives might have been saved, which were afterward lost in the hospitals in the rear. Where the blood vessels, nerves and soft parts are even left in good condition, and the femur comminuted for any considerable distance, amputation should be resorted to without delay, as offering the best chance for the patient's life.

There are many cases of gunshot injury of the femur, below the middle third, where an effort should be made to save the limb, viz.: Where the vessels, nerves and soft parts are not much torn, and where the bone is not too much split or comminuted. It requires a careful examination and discriminating judgment, to determine these cases; and a good general principle to adopt in military surgery, would be to amputate in the field infirmaries all such injuries, where the large vessels, nerves or soft parts were lacerated, or where the bone is much comminuted. If it be determined to try and save the limb, after the suppurative stage be fully established, the anterior wire splint should be applied, and the limb suspended, after cleansing the wound of all foreign bodies or detached spiculæ of bone.

Of fifty-three cases of compound fracture below the middle third of the femur, from gunshot, coming under my observation, forty-one were subjected to amputation, and twelve were treated without amputation. Of the forty-one amputated, thirty-four were primary, and seven were secondary. The circular operation was performed in thirty-eight of these cases, and the double flap in three. Of the thirty-four primary amputations, five proved fatal. Of the seven secondary, two died. Of the twelve cases treated without amputation, two died. In the twelve cases treated without amputation, thorough examinations were made, and all detached spiculæ of bone were removed. In most of these twelve cases, the anterior rim splint was used, after the suppurative process was fully established. The length of time necessary to secure the union or reproduction of the bone, varied from six weeks to six months.

One of the most remarkable cases I have seen, illustrating the rapid reproduction of the osseous structure, in the lower third of the femur, occurred in the person of a patient, treated by Dr. C. E. Michel, who had charge of the Gilmer Hospital, at Marietta, Ga. This soldier was wounded by a cannon shot striking the lower third of the right thigh, com-

minuting the femur, from just above the condyles for three inches toward its head; the soft parts were somewhat torn, but the blood vessels and nerves were left intact. All of the loose spiculæ of bone were removed, care being taken to leave as much of the periosteum as possible. The limb was placed upon a long posterior box splint, after the operation, and care being taken to preserve perfect drainage, and prevent the burrowing of pus. In about seven weeks, this patient died of an acute intercurrent disease, and a post mortum examination revealed the perfect reproduction of the osseous structum, which had been removed, and which was not less than three inches in extent. The specimen was preserved, and, I presume, is still in the possession of Dr. Michel.

My observation, as to excisions of the knee joint for gunshot injuries, is very limited, having seen but one operation of the kind, and that proved fatal from pyæmia. I have seen four cases where the knee joint was penetrated by balls, without injury to the bone forming the joint, recover, with ankylosis in three, and a movable joint in one.

In my opinion, the interests of humanity would be promoted, and many lives saved, were the rule adopted in military practice, to amputate at the field infirmaries, all limbs where the knee joints were opened, and the heads of the bones forming the joints, were injured. It is true, there may be cases where resections should be substituted for amputations, but they are not numerous. The idea I wish to impress is, do not leave these cases to be sent back to the hospitals in the rear, there to die from pyæmia, exhausting suppuration, or to undergo a secondary amputation, with all its accompanying dangers, in a crowded ward, and contaminated atmosphere. The few exceptional cases of recovery, which may sometimes occur, may arouse false hopes, and for one man thus saved, the lives of twenty may be sacrificed.

A number of recoveries from gunshot injuries of the knee joint, have been reported by some of the hospital surgeons, who had charge of Confederate Hospitals; and the treatment adopted in the cases was by laying the joints freely open, and paying strict attention to free drainage. I must confess a marked difference in their results, and in those cases treated after the same method at my posts. Of ten cases treated by laying the joints open, I saw but one recovery, and the bones entering into the formation of the joint, were not injured in that case. What could have produced such a marked difference in the results, I am unable to say, for the four medical officers having immediate charge of the cases I allude to, were competent, attentive, faithful and

earnest in the discharge of their duties, and their hospitals were kept as cleanly and as well ventilated, as any in the department.

My observation teaches me, that gunshot injuries involving the knee joint, and the bones forming that joint, should be synonymous with primary amputation or resection of the joint. Delay in such cases is dangerous, and I do not think my language is too strong, when I say, that more deaths have occurred from delaying in these cases, in the last war, than from delay in any other one injury. The wound is often inflicted by a small ball, and the openings look so insignificant, and the patient is so free from pain, that both surgeon and patient are lulled into a false security, which may, and too certainly will, doom them both to a sad disappointment, when it is too late to save the patient's life.

Mr. Richard G. Butcher, in his "essays and reports on operative and conservative surgery," expresses the opinion, that excisions of the knee joint for disease, is not so formidable or dangerous an operation as amputation of the lower third of the thigh. While this may be true in civil practice, and for chronic disease of the joint, where the patient may be isolated, and surrounded with all the necessary comforts, I am satisfied that it will not hold good in military practice.

It is not clearly proven to my mind, that Mr. Butcher can sustain himself, in his assertion with regard to resections of this joint for disease; and in some future number of the *Medical and Surgical Monthly*, I propose to test it.

In military hospitals, crowded with a large number of wounded, where wounds are suppurating, and where it is almost an impossibility to ventilate perfectly, or surround the patients with the necessary comforts, it cannot be expected, that resections of large joints, requiring months in their treatment, and that, too, in the person of soldiers, who have been subjected to the hardships of the march and camp, before receiving their injuries, to prove as successful as primary amputations through the joint, or in the lower third of the thigh. While I have not the requisite statistics on hand at present, to substantiate fully, the above statement, I feel confident it can be done.

Excision of a portion of the tibia or fibula for gunshot injury, I have seen frequently practiced with success, in the last four years; and where either of these bones are comminuted for a few inches, without injury to the other, or much tearing of the vessels, nerves and soft parts, an effort should be made to save the limb. I have repeatedly seen as much as five inches of the fibula excised, and a good and useful limb preserved. Care is to be taken in excising a portion

of this bone, to leave the external malleolus, and to prevent the foot turning inward. Another important point is, to leave as much of the periosteum intact, as possible. I removed three and a half inches of the tibia below the middle third, in three different instances, taking care to disturb the periosteum as little as possible, and the bone was reproduced, and the limb preserved in almost a perfect state, the patients walking without limping even. Where only one of these bones is injured, the sound one acts as a splint, and keeps the fractured bone fixed and in position.

In the after treatment of these cases, a fracture box, filled with bran, and suspended a few inches above the bed, will be found to be most comfortable to the patient, and will answer better than any other character of splint, until the bone is partially filled out, when other appliances may be substituted.

Excision of the ankle joint for disease, was first performed in 1792, by the elder Moreau; but up to the present time, professional sentiment is much divided in regard to it. Complete excisions of this joint, for gunshot injuries, have not been followed by that success, which has characterized similar operations upon other larger joints. Mortification often follows such injuries, and amputation holds out stronger inducements for immediate and subsequent benefit. There can be little question, that in military practice, where there is much comminution of the tarsus, or much laceration of the soft parts, that amputation at the joint by Syme's method, or just above the joint, gives the patient a much better chance for his life, than excision. Even with the best possible results, anchylosed joint will result; and as this joint has to bear great weight, and may often give trouble from subsequent inflammation, it is better to have a good stump, a rapid recovery and a useful artificial limb, than to resort to the doubtful expedient, where there is much comminution of bones, or laceration of soft parts, of excision, where the patient is to be treated in crowded military hospitals, exposed for months to gangrene, pyæmia, erysipelas, etc. I have seen several cases where complete excisions of this joint might have been performed for gunshot injuries, but deemed it most prudent to advise amputation, and do not regret having done so.

Of three complete primary excisions of this joint coming under my observation, two proved fatal from pyæmia. The third made a tedious recovery, with an anchylosed joint, which was not so useful as an artificial limb would have been, after amputation. Of nineteen cases of partial resection of this joint, sixteen recovered with useful anchylosed joints,

two died from pyæmia, and one from erysipelas extending over the whole surface of the body. Of the sixteen successful cases, the astragalus was uninjured in thirteen. Of the three fatal cases, that bone was injured in all. The operative procedure in the partial resections, consisted in enlarging the openings made by the balls, and removing all loose spiculæ of bone, having care to avoid the tibial arteries, and the tendons of any of the long muscles of the foot. The after treatment consisted in comfortably fixed position of the limb, attention to drainage, which is of great importance, cold water dressings, until suppuration is fully established, then gently stimulating the parts locally, with generous diet, and tonics to counterbalance the prolonged suppurative drain upon the system. I observed, in several of these cases, which were attacked by sloughing phagedæna, by which the external openings were considerably enlarged, more rapid recoveries than in the others; so marked was this, that one of the medical officers remarked, one day when examining a case of the kind, where the burrowing of pus was a little troublesome, that if he could only have his patient attacked with sloughing phagedæna, he knew he would get well. It taught us the importance of free and perfect drainage in the treatment of these partial excisions.

Where the astragalus is much comminuted, it is safer to amputate, than to resect, as the inflammation will often extend to the adjacent tarsal bones, and produce innumerable abscesses, and often pyæmia. Excisions of the tarsal bones for gunshot injuries, where the patients are to be treated in crowded wards, do not offer very flattering results, as compared with the small mortality attending amputations, through the foot or at the ankle joint. The safest rule to adopt in military practice, when cases present themselves, where there is comminution to any extent, by the passage of a ball through the tarsus, either laterally, or anteriorly, and posteriorly, is to amputate at the field infirmaries. The exception to this rule is, where the calcaneum is comminuted, for this bone may be partially or completely excised, with the expectation of good results. I have seen it completely excised with success in four instances. Mr. Erichsen's operation for its removal, was adopted in these four cases, "by which all injury to the sole of the foot is avoided, and the open angle of the wound being the most dependent, a ready outlet is afforded for the discharges." Of nine partial excisions of this bone coming under my observation, there was not an unsuccessful case.

There is hardly any gunshot injury of the metatarsal bones, or metatarso-phalangeal joints requiring excision, where

it would not be better to amputate. Although as much of the foot should be preserved as possible, the anchylosis and the scars left by resection, where pressed upon by a shoe or boot, interferes so much with the comfort of the patient, that they can better afford to bear the loss of the toe, than the pressure on an irregular and tender cicatrix. "Disarticulation of the toes is to be preferred, except in some cases, the first phalanx of the great toe may be divided through its middle portion."

In closing this imperfect outline of my observations on excisions in military practice, I would respectfully urge upon those medical men, under whose eye it may fall, to give us the result of their observations on this subject, in civil practice, for it is one of the greatest interest to the profession, and suffering humanity.

BROMIDE OF POTASSIUM

IN THE TREATMENT OF ACUTE GONORRHEA ; BY WM. H. WHITE,
M. D.

Nocturnal erections, with severe and frequent attacks of chordee, are the most annoying and distressing symptoms of this disease, or of urethreitis. Indeed, it is the principal difficulty—preventing sleep, and often exciting the most horrid alarm and forebodings, requiring repeated applications of cold, and the use of opiates to allay the intense pain and mental suffering. This state of morbid excitement is a reflex nervous action, produced by the irritating nature of the gonorrheal virus, and consequent inflammation of the mucus membrane of the urethra. Where the inflammation is beyond the secreting point, then it is, that these painful erections are the most troublesome. Very seldom is the patient startled, or given any undue alarm or pain, soon after a copious discharge has made its appearance.

To the so called abortive treatment, by injecting the urethra with strong caustic solutions, may be traced, in many instances, the most disastrous consequences, either in the form of stricture, permanent enlargement of the prostate gland, orchitis, chronic epididymitis, or obstinate gleet. In the early active inflammatory stage, the administration of stimulating diuretics alone, we can but think are inadmissible, though we know many practitioners who have become almost

routinist in this respect. This is not surprising, as many authors and general writers recommend, as a primary treatment, the use of large doses of piper, cubeb, copabia bal, oil terebinth, or other active diuretics of a like stimulating character, without any combined soothing nervous sedative.

These remedies have a strong tendency to irritate, and constantly to determine a flow of blood to the cells of the erectile tissue of the corpora cavernosa and corpus spongiosum, occasioning tension of the penis—therefore, we can but believe, that the *early* administration of stimulating remedies, without the addition of an opiate, or some anesthetic agent will, for the time being, aggravate the local difficulty. But after the general excitability of the system has been subdued, or brought under measurable subjection, decided good may be accomplished by their individual or combined use.

The *bromide of potassium* possesses peculiar anesthetic properties, especially in controlling reflex nervous action, and in producing local anesthesia. It has been successfully employed in the treatment of spermatorrhea, and for allaying or destroying the desire of the masterbationist for self pollution, subduing sexual desire, soon relieving, and, in time, entirely removing the troublesome disorder of nymphomania, by the complete suspension of the former uncontrollable passion, and in producing local anesthesia of the fauces—sufficiently so to allow the laryngoscope to be used without exciting a tickling sensation or nausea.

Prof. Bache quotes a number of European authorities in his latest edition of the United States Dispensatory, all of whom endorse its anaphrodisic properties, and its powerful effects in controlling local irritability, and its applicability to the speedy relief and successful treatment of inflammatory and irritable conditions of the genito-urinary organs.

Stelle says, "men of vigorous constitutions, accustomed to daily erections of the penis, found that they ceased while taking the medicine, and for several days, even, after its use had been discontinued."

In the experiments made by Horing and Glover, upon dogs confined in an atmosphere filled with vapor of this substance, profuse secretion from the eyes, nostrils, and fauces was excited, and when carried to poisoning, nausea, vomiting, exhaustion and death. To a certain extent, this same effect is noticeable in patients while under its influence, to which, no doubt, in a measure, is due its pleasing action over nocturnal erections and chordee, by keeping the mucus membrane softened, actively secreting and discharging. It also increases the flow, quantity, and probably augments the

watery element of the urine, and consequently reduces its fiery nature.

The dose required to produce a proper physiological operation, displays no effect inconsistent with the end desired in the treatment of gonorrhea. Its action being exceedingly happy in slowly, but surely overcoming exalted susceptibility of the nervous centers, and more especially where there is a susceptibility to a reflex action; therefore, its peculiar adaptation to the morbid action caused by this disease. This palliative influence is evidently owing to its positive anesthetic, indirect narcotic power, and direct sedative action. In all probability, it is in this manner that it becomes so useful an adjuvant in the treatment of all stages of this disease. While it overcomes the pain and anxiety, with the addition of sleep, it will not alone eradicate the complaint, and must not, and cannot be entirely depended upon, any more than could opiates, or the anesthesia from chloroform. For the time, relief is obtained, but the disease and its causes continue. Where a case is presented in first development, I would suggest its use in doses from five to eight grains three to six times during the succeeding twenty-four hours, dependent upon the constitution, low, medium, or high grade of inflammatory condition, with saline cathartics to an extent, sufficient to freely move the bowels, with rest, and cooling application to the parts, and low diet. When the heat, acute pain and excitability is reduced, then it should be continued with some of the stimulating diuretics, with occasional mild astringent injections.

The following, I have used with satisfactory results; or in the same proportions where there was no symptoms absolutely forbidding their immediate or continued use:

Bromide potassium, three drachms; aqua pura, comp. spts. lavender, a a, one half ounce; bal. copaiba, fluid ext. buchu, sweet spits. nitre, a a, one ounce.

A teaspoonful five or six times daily, with an occasional mild injection of nit. sil. act. of plumbi, reduced tinct. of kiuo., tinct. calechu, etc.

TRAUMATIC GANGRENE.

BY W. C. CAVANAUGH, M. D.

Traumatic gangrene, as it presented itself to observation in the Western Armies of the Confederate States, was a sub-

ject of intense interest, and of vast importance to the military surgeon, not only from the extreme frequency of its occurrence, the large ratio of wounded attacked, but the wonderful success which rewarded the efforts of the surgeon for its cure.

All surgeons, on entering the armies of the Confederate States, as medical officers, dreaded the advent of traumatic gangrene, for they had in their minds the descriptions of the disease, as given by the European writers on military surgery, and the dreadful ravages it made amongst the wounded in the military hospitals of the European armies. Fortunately for them, and for the Confederate wounded, hospital gangrene was not the frightfully fatal disease portrayed by those writers.

Two forms of gangrene appeared amongst the wounded in the field and general hospitals, materially differing from each other in their general symptoms and local appearances, the methods of treatment necessary for their cure, the comparative unfrequency of one, and the extreme frequency of the other, and both tractable and amenable to general and local treatment. One was pure inflammatory gangrene, involving a part or the entire thickness of a limb, destroying muscles, nerves, blood vessels and tendons, and causing absolute death of the part, followed by a line of demarkation between the dead parts and the healthy tissues, the separation of large sloughs, or of the entire extremity below the wound, and frequently by secondary hemorrhage on the separation of the sloughs.

The other form of gangrene—phagedenic ulceration—attacked the surface of opened and lacerated wounds, and the edges of penetrating wounds, destroying by gangrene and ulceration; the skin and cellular tissue, but not involving the deeper tissues.

The inflammatory gangrene most frequently attacked those wounds in which the missile, in passing through a limb or a joint, fractured the bone and lacerated the soft tissues. Next in frequency, it attacks the flaps of recently amputated limbs, either in their entire thickness, or attacked and destroyed one flap and spared the other. In broken down constitutions, or where the system was debilitated and the blood vitiated by scorbutus, it was surprising to see what small wounds, and what light injuries produced the severest forms of inflammatory gangrene, destroying life or limb.

In a few hours after the establishment of reaction, general inflammatory symptoms set in—hot skin, quick, full pulse, furred tongue and general restlessness. At the same time, the wounded part became hot, red and swollen, with a throb-

bing, burning pain, and the tissues become quickly infiltrated with effused fluids, causing strangulation in the entire thickness of the limb, and gangrene and death of the extremity. In these extreme cases, the local inflammation ran so high, the infiltration of the tissues was so rapid, the exhaustion, prostration and general debility of the system so great, that death took place before the line of demarkation could be formed. These cases died, in from forty to sixty hours after the receipt of the injury. In other instances, and fortunately these were largely in the majority, the inflammation was not so high, the infiltration of the tissues was not extensive, and the gangrene affected but a portion of the tissues. The part died, the line of demarkation appeared; and that line was always formed where the red inflamed infiltrated tissue disappeared in the healthy adjoining tissue; and where the sloughs were thrown off, a healthy granulating surface was left behind. In almost all the cases of this disease, the gangrene was caused not so much by the excessive inflammation, but from its relative intensity in the part; for the soldiers were so debilitated and exhausted by want of a full supply of food and clothing, that the vital power had partially lost its preservative and recuperative energy.

Although the general symptoms in the commencement, were those of a high grade of inflammatory fever, antiphlogistic remedies were used very sparingly, for the disease soon took on an irritative form, tending to an asthenic type.

The local treatment consisted in deep and free incisions, to relieve the tension and the strangulation of the tissues, and to give free vent to the effused fluids. In addition, some surgeons made a deep incision, encircling the whole circumference of the limb, cutting through the healthy skin and cellular tissue, down to the muscles. Warm applications were made to relieve pain and relax the tension of the tissues. Where gangrene had set in, and the sloughs were being thrown off, antiseptic remedies were freely and frequently applied to correct the fetor of the discharge. The sloughs were not interfered with, for it was found that the vital power, when well sustained by stimulants and nourishing diet, acted its part in separating the dead from the living tissues much better than the surgeon could do. But far superior to all, the local methods of treatment for inflammatory gangrene, that came under my observation, was that of ligating the main artery, supplying the extremity with blood. If the artery was ligated before gangrene set in, it acted like a charm in reducing the local inflammation, and moderating the general fever, and in relieving pain and tension. It prevented the advent of gangrene, and relieved it, if the gan-

grene had commenced. If it was ligated after the part become gangrenous, and was sloughing, it was really wonderful to see in what a short time the dangerous symptoms disappeared—how readily the dead separates from the living tissues, and how rapidly the patient recovers. This operation had come extensively into use amongst the Confederate surgeons, not only in inflammatory gangrene, but in all wounds of the extremities in which there was a high grade of inflammation, which prevented nature from pursuing its safe and regular course in healing them.

The gangrenous phagedenic ulceration, which was noticed in the military hospitals, was certainly of constitutional origin, as evidenced by the general and local symptoms. The disease was owing to the general depression of the vital powers, producing local congestion in the tissues surrounding the wound. The vital power was so reduced, and the system so debilitated and exhausted from the effect of a scorbutically tainted blood, that nature had become unable to resist disease, and there was not vitality enough in the part to produce and support a healthy degree of inflammation. The local subacute inflammation was always accompanied by general symptoms, denoting an asthenic type of disease; and irritability of the nervous system was a constant concomitant. In the severer forms of the disease, where the local destruction of the tissues was extensive, and the ulceration and gangrene was slow, or of long continuance, and the vital powers reacting indifferently, generally and locally under the application of general and local stimulation, the general symptoms became eminently asthenic.

In all cases, the constitutional symptoms, the quick, feeble, easily compressed pulse, the brown tongue, the anxious countenance, the depression of spirits, and the general restlessness and nervous irritability, preceded the appearance of the local disease; but in those cases in which vitality was not reduced to a low degree, and the destruction of tissue not extensive, the constitutional symptoms were not well marked, and nervous irritability was not excessive. Indeed, in a great many cases, the constitution suffered so little, it looked as if the disease was entirely local in its action; for when, by the application of escharotics, the diseased part was destroyed, the slight constitutional disturbance disappeared.

This form of gangrene attacked the cellular tissue in open wounds and the edges of penetrating wounds. A gray colored slough formed, which extended rapidly, extensively and superficially into the surrounding skin and cellular tissue. The ulcer was elevated with clean cut edges, and was surrounded by a dusky red areola. The adjacent integument

became swollen hard, livid and congested, and the cellular tissue sloughed away in shreds, accompanied by a fetid brown discharge. These shreds of decomposing tissue could not be separated from the muscles, but became broken down, and carried off in the discharge. The pain was sharp, burning and stinging, and the nervous irritation very considerable.

The disease oftentimes confined its ravages to a small extent of surface, or it extended rapidly and extensively, destroying the surrounding skin and cellular tissue, but not invading muscles, nerves or bones. In many instances, the gangrene extended from an eighth to a fourth of an inch in the cellular tissue beneath the skin; and in other instances, the skin was destroyed by ulceration for the same space above the cellular tissue. In all the cases, the tissues surrounding the ulcer were livid and congested, evidencing a want of vitality in the part itself, and a great degree of general debility and constitutional weakness.

Furthermore, it frequently happened, that the disease being destroyed in one part of the wound, would make its appearance in another and distant point, not previously implicated; and in these cases the disease would extend rapidly, destroying the skin and cellular tissue, leaving a clean, healthy, granulating surface in its wake.

Atmospheric changes exercised a marked and decided control over the advent, spread and decline of the disease. In the field and general hospitals, when the barometrical and thermometrical range was low, and the atmosphere was surcharged with a cold moisture, a decided change for the worse always took place in the wounded. Those already suffering got worse, and wounds that looked clean and healthy, and appeared to be doing well, took on an unhealthy appearance; and the disease became at those times extensively prevalent in the hospitals. Even before the change in the atmosphere became apparant to the senses, the experienced surgeon could often tell when there was going to be an excess of the disease, for the wounded became anxious, restless and depressed, and the wounds looked flabby and ceased discharging. In all kinds of weather, in all hospitals, crowded or sparsely inhabited by the wounded soldier, there were sporadic cases of ulcerative gangrene; but after great battles, when the hospitals became crowded, if the barometer and thermometer sank, the great majority of open wounds took on this form of gangrene.

At the same time that this disease, through and by atmospheric influences, prevailed extensively in the hospitals, erysipelas and pyæmia, also, made their appearance; or if they were already present, the cases became more numerous and severe, more fatal, and far more difficult to control. Accord-

ing to my observation, this disease is not infectious. It would break out in the different wards, or in the separate tents of the hospitals at one and the same time, and I never could trace the spread of the disease from one particular case. On the other hand, patients suffering with this form of gangrene have lain for weeks in the ward, and no one of the wounded in the same ward with them would take the disease, whilst the wounded would be attacked in other and separate parts of the hospitals. That it was contagious, I am convinced, for many instances came to my knowledge, in which isolated cases of healthy wounds became affected, by the nurses carelessly using the same sponges and basins, that were previously used in dressing wounds affected with gangrene.

As constitutional debility and nervous irritation always accompanied the disease, to some extent, and asthenic symptoms always characterized the severer forms of it, general and local stimulation were used freely, for it was found that when the vital energy was restored, and the constitution improved by tonics, stimulants and nourishing diet, the local symptoms were bettered, and the diseased part improved. It was combatted successfully by stimulants, tonics, rich diet and opium freely and largely administered. The greatest advantage was derived from the administration of quinine and tincture of iron in some bitter infusion.

Bromine and nitric acid were freely applied to the diseased parts, not only destroying the ulcer itself, but likewise destroying the surrounding diseased tissue. When the sloughs caused by the escharotics were thrown off, simple water dressing was applied.

By pursuing this general plan of treatment, administering stimulants and opiates freely, supporting the constitution by tonics and rich and nourishing diet, and destroying the local disease thoroughly and effectually, the vital powers were restored to a healthy standard, and the convalescence was certain, and the wound cicatrized rapidly. Indeed, so successful was the treatment, that the surgeons preferred attending to a case of phagedenic ulceration, than to try to cure an indolent, intractable, congested wound.

In over two hundred cases of the disease, coming under the observation of the writer during four years, but one died.

A CASE OF TRAUMATIC TETANUS—RECOVERY;

BY B. W. AVENT, M. D., MURFREESBORO, TENN.

In November, 1865, I visited a patient in consultation with Dr. J. E. Manson, of this neighborhood, the subject of trau-

matic tetanus. This patient, a negro man, was aged thirty-five years—previous health good, quite fleshy, and of large muscular development.

An accidental incised wound, two or three inches below the knee joint of the right leg, constituted the trauma.

Dr. Manson saw the case ten days after the accident. The wound had not healed, and presented an unhealthy appearance. The spasms were clonic. At each recurrence, there was partial opisthotonos. The jaws were more permanently contracted, designating the variety called locked jaw. Deglutition was difficult. The affected limb suffered more than the other, though both were similarly involved. The contractions of the muscles of the chest and abdomen produced great distress, and could be excited at will, by sudden pressure. When quiet, the pulse was but little accelerated,—during and immediately after a paroxysm, much more so—otherwise the circulation was normal.

Treatment—The wound was filled with sulphate of quinine, moistened with whisky, and covered with a stimulating poultice, with directions to be repeated in eight hours. Twenty grains of calomel were administered, to be followed in six hours by castor oil and spirits of turpentine.

The medicines produced free catharsis, but without relief of the more urgent symptoms. The Doctor thought his patient worse at the time of the next visit, which was on the following day. He now gave him sixty minims of laudanum, with thirty of chloroform, and directed this sized dose to be repeated every four hours. The same dressings to be continued to the wound. This treatment was regularly kept up, until my visit eight days afterward.

When I saw the patient, he was evidently improving. Most of the symptoms, however, were still present, but much milder. The jaws were still locked. There was less change here, than elsewhere. The wound was granulating beautifully, and did not require further attention. The same general treatment was continued, and recovery complete in two or three weeks.

Remarks.—The only interesting feature in this case, is the recovery—this being the exception and not the rule in tetanus.

This is the third recovery which I have met with in twenty-eight cases, making an average of one in nine, with a fraction of one. I am satisfied, however, that the mortality of this disease in this country is greater than this estimate. I regard the results in these cases as somewhat accidental, since no remedies were employed unusual in its treatment. It might be farther stated in confirmation of this opinion, that only one recovery occurred in the first twenty-five of

my cases. The subsequent results, embracing the three remaining cases, out of which two recovered, should be regarded in the same light.

It may be proper to remark here, that all the recoveries referred to in this estimate, occurred in cases in which some of the preparations of opium formed the basis of treatment. My first was about fifteen years ago, and was published, I believe, with the transactions of the Medical Society of Tennessee. This patient, seven years old, took nearly a drachm of the acetate of morphine in about twelve days. The second case was under the management of Dr. J. P. Moore, then a surgeon in the Confederate Army. One of the preparations of morphine in large doses, with the occasional administration of chloroform by inhalation, was the treatment relied on. The spasms were controlled to a limited extent by the chloroform. Beyond this, there was nothing, in my judgment, that could have been justly claimed for it. The third case is the one now reported.

I have invariably employed some of the preparations of opium in the treatment of tetanus, but generally in combination with other medicines. In some instances, these have been principally relied upon. I recollect to have tried *veratrum viride* some years since. This medicine produced decided relaxation, but the disease was not controlled by it. I have frequently used anesthetics, but with no appreciable good effect. Alcoholic stimulants, so generally recommended at one time, have likewise failed in my hands, and so with every other medicine. Amputation has been resorted to in three cases under my observation, all of which proved fatal. In two of these, one of a leg, and the other of a forearm, the injuries were such, as to demand this procedure, independent of the disease. In the third, that of a forearm also, amputation was selected as a remedy, the wound being unimportant. I have never amputated a limb for tetanus, nor would I advise this course, unless the condition of the parts were such, as to otherwise require it. Under circumstances of this character, particularly if the wound should cause much pain or inconvenience, I see no good reason for disapproval.

In the present state of our knowledge on this subject, all treatment for tetanus must be considered as empirical, to some extent at least. Such being the fact, the practitioner would be justifiable in resorting to any expedient, not positively detrimental, or that might come recommended, even though from sources not strictly reliable. I am ready to confess, however, from the lights before me, that I would, in all cases, place my chief reliance in some one, of the many preparations of opium. The opinion entertained by some, that

all recoveries in this disease are purely accidental, and not attributable to remedial appliances, may, after all, be true. But this should not cause an abandonment of effort on our part, but on the contrary, encourage a more active and energetic use of such means as circumstances may place at our disposal.

My personal observation fully confirms the received opinion, that the negro race is more liable to the various forms of tetanus, than the white. In twenty-five of my cases treated in private practice, amongst a population nearly equally divided in point of numbers, twenty-two of them have been from the former, and only three from the latter.

Again; trismus nascentium has long been a common occurrence in this locality, and out of a great many cases witnessed, I have only met with one in the white subject.

Neither the character nor location of the injuries in the cases which I have observed, have enabled me to determine, a strict locality for tetanus, or the peculiar kind of wound most apt to produce it. A large majority of the wounds have been quite small. Some, however, have been serious and complicated—several from extensive bruises, and a few from severe lacerations. The injuries have not, in all cases, been confined to the extremities, though, in a majority of instances, such has been the case.

The exciting causes of the disease, as agreed upon by authors, are not entirely, I think, free from criticism. The appearance of tetanus sometimes, under circumstances so favorable to its prevention, and its absence during exposures said to be the most fruitful in producing it, are well calculated to excite some skepticism on the subject. I have often thought, that outside of exciting causes, or even the character or location of the wound, there must be some peculiar condition of the nervous system, not usually present, to bring on the attack. What this condition is, our present knowledge does not explain. That it sometimes prevails epidemically, cannot be denied.

USE OF THE TREPHINE.

BY A. H. VOORHIES, M. D.

The wonderment of medical men has often been remarked, since the close of the late rebellion, at the comparatively few

instances in which the operation of trephining was practiced, after injuries of the head, from the various missiles of war.

There are two prominent reasons for this fact. 1st. From the deadly nature of weapons, and for any thing more than a glancing shot upon the skull, would almost invariably produce sudden death. 2nd. Since it has been established by experience, yet lamentable as it is, that this operation is by no means favorable in its results, therefore, it is far less commonly employed at the present day, than heretofore. In its application to the cranium, as far as my observation has gone, was with the view of removing some cause of compression. Yet preventive trephining has been practiced in case of punctured or stoned fractures, with a view of preventing inflammation and its consequences.

As to the judiciousness of such a procedure as that of "preventive trephining," I have to express my disapprobation, against the fatal termination usually attended on the operation under the most favorable circumstances, and not from observation.

For inflammation is tractable, if not at all times capricious; so it is impossible for any one to say, on receipt of an injury to the head, to what extent its ravages will be carried, as it may result in a limited effusion of lymph or serum, which may be removed by absorption, or may eventually become organized without exercising undue pressure on the brain. By a careful examination of many of the reports of army surgeons, it is discovered, that not in a single instance was the operation of trephining employed, unless, where there was a compound fracture of the skull, with depression of one or both tables from which all the rational symptoms of compression existed. Notwithstanding the unpromising nature of this operation, when we have a case presenting the unmistakable symptoms of compression, whether they be from a depression of the bone, or from meningeal extravasation, the application of the trephine is imperative.

Throughout the entire four years of war, only three cases of trephining came under my observation: of these, only one recovered, one died in twenty hours after the operation, the other on the tenth day, from pyæmia.

There is a point of much interest developed by the results of the first and second cases, in the fact of the similarity of the causes and natures of the injuries, both being from a fragment of a shell, with depression of a portion of the right parietal bone (of each,) with rupture of the membrane in each case. Now, in each of these cases the wound was of the same kind, and very nearly in the same situation; so it might

well be supposed that there would have been some correspondence in the effects produced. But what were the actual results? In one case there was a "hernia cerebri," with typhoid symptoms, depriving the patient of life in twenty hours. While in the other, there were no symptoms of compression after the third day, and no tendency to a protusion of the brain or its membranes—suppuration, was established, the loose matter granulated, and the wound cicatrized favorably.

Taking all these facts into consideration, we cannot refuse our assent to the proposition, that the perforation of the skull, and the removal of a part of it, is attended with a certain degree of danger, and the evidence hitherto adduced is in favor of the opinion, that "it is most prudent to abstain from the use of the trephine, wheer there is a fracture with depression of the cranium, producing at the same time no unfavorable symptoms."

STARCH WATER APPLICATIONS IN BURNS AND SCALDS.

Among the many applications suggested to allay the smarting, to control the troublesome heat and pain of minor burns, or to mitigate the irritability and extreme suffering of severe scalds, partly worn domestic, soaked in *cold* iced starch water, so applied as to exclude the atmosphere, and continually kept wet by dropping the water on it with a sponge or otherwise, will have a doubly beneficial effect—temporary relief and the keeping of the temperature continuously low, and thereby holding the inflammatory process in abeyance. (Often, if the bowels are watched and made to act freely, there will be but slight inflammation.) When the pain and heat is measurably controlled, which will be in two to four days, the removal of the cloths, and the application of the glycerole of lead, with a camel's hair pencil, or by cloths saturated in it, will result in a speedy cure by resolution, without much vesication, or the formation of ulcers, or secretions of pus. The advantage of starch water and cloths, over dressings by cotton wadding, oil and lime water, I conceive to be, that it is cooling, while the latter is heating; less bulky; will not, if properly kept wet, adhere to the denuded parts; can be, if required, readily dressed by the attendant, without much trouble or undue pain, because it is always accessible, and should decided suppuration supervene, the fetid odor will not become disagreeable because of the difficulty of removal.

RELIABILITY OF VACCINATION.

BY J. MURRAY ROGERS, M. D.

While on duty as inspector of hospitals in the late Southern Army, I had opportunity for observation in smallpox hospitals, which furnished me with data upon which it was my intention to base a paper, at the proper time, for presentation to the profession. But unfortunately for me, they were, with my papers, destroyed in the conflagration at Selma, Ala. I have, however, a distinct recollection of the bearings of certain leading facts, which I propose now to state, very briefly, as possessed of interest at a time when variola and varioloid are rife in town and country.

There were one hundred and fifty cases specially noticed. Fifty of them had been vaccinated, at different periods, from infancy to eighteen years of age. Of the fifty, fifteen had confluent variola, and twenty-five had varioloid. As intimate as inquiry could develop the history of those attacked, the conclusion was sustained, that remoteness of effective vaccination decreased the degree of immunity from variolous impress; those with the confluent smallpox had been vaccinated in early life, while those with the milder form of the disease had been vaccinated, comparatively, but a short time before attack—one to three years.

There were fifteen nurses who had confluent smallpox in childhood. Five had a recurrence, or second attack of the disease, and two of the five died.

I am fully convinced, from my own observation, and from the observations of other medical practitioners, that I have obtained by conversation and reading, that the idea originally entertained, that one vaccination secured an economy against variola through all time, is erroneous; and think it is the duty of each practitioner to urge upon the public the propriety, if indeed not necessity, of revaccination.

A letter written by Dr. Knobe, of this city, gave me much pleasure, and I think it entitled to attention and consideration. I commend it to the profession.

CANCER is nearly three times more fatal among women than among men. Of eight thousand seven hundred deaths from cancer in women, about three thousand, or more than one third of all cases of cancer in the females, were instances of cancer of the uterus.—*Simpson.*

CLINICAL RECORD

Of Cases selected from Private Practice; By E. Miles Willett, M. D.

SLOUGHING PHAGEDÆNA.

In April, 1863, J. C., *æ.t.* thirty-three, stout and healthy, when using a combination of refuse oils, for the purpose of protecting his horses from buffalo gnats, had occasion to urinate before washing his hands, and thus transferred a portion of this unctuous compound to his penis. During the night of the day on which this occurred, he was attacked with a chill, followed by high fever, with inordinate thirst, and great pain in, and swelling of the penis. This condition continued with increasing severity for three days, when I was called to see him. I at once ordered antiphlogistic medicines and low diet, and lead water and laudanum to be used assiduously, as a local application. On the following day, the patient was somewhat more comfortable, as the pain and swelling were not so great; but on the third day, I found gangrene extending nearly the whole length and the entire circumference of the penis.

After carefully dissecting off the skin, and as much of the dead cellular tissue as possible, I applied freely a strong solution of Permanganate of Potassa to the diseased surface, and then dressed it with dry charpie. On the following day, there was some improvement, but the disease was seen extending under the skin in the areolar tissue. Again I dissected off the dead tissue, and having dried the surface, applied Bromine *freely*—particularly along the edges of the healthy skin, and in the tissues beneath, and then enveloped the organ in a thick coating of carded linen. As my patient had persistently refused to take chloroform, the pain during the operation was excruciating. I now gave him a large drink of good brandy and an anodyne, with the promise not to torture him again in this manner.

For several days, portions of slough were removed at each dressing, until nothing was left, but a clean, healthy, granulating surface.

Soap and water were used twice daily, and occasionally a weak solution of Permanganate of Potassa. Different unguents were employed in the beginning; but old linen, rav-

elled into shreds, and then carded into the softest down, as it protected the tender granulations and absorbed the pus, proved to be the most agreeable application, and was therefore exclusively used by the patient himself, who, by this time, had become quite expert in dressing.

Cicatrization proceeded rapidly, until only a small surface was left encircling the penis. As this gave but little inconvenience, it was neglected in pursuit of business and frequent hunting excursions, but finally healed, leaving the organ in full possession of its native powers of virility, and but slightly changed in its proportions. Had I have been called earlier, or when called, had I have made free incisions into the organ, as in phlegmonous erysipelas, the gangrene, which, at one time, threatened the destruction of the penis, might have been prevented.

PUERPERAL CONVULSIONS.

Mrs. C., *æt.* thirty, health and strength generally good, was delivered of her fifth child at six, A. M., in July, 1864. The midwife in attendance, stated that the labor was hard, though not protracted, and that the placenta came away, without unusual hemorrhage, a short time after the expulsion of the child.

During the forenoon, the patient complained of some strange sensations in her head, but when I saw her at twelve M., she told me that she felt better, and hoped that she would soon be well.

I drew my chair near the bedside, and had asked only a few leading questions, when I observed a decided incoherency in the answers. In a few minutes the expression of her countenance changed, the eyes rolled upward, the mouth and eyelids commenced to twitch, and very soon the muscles of the face, abdomen, superior and inferior extremities were agitated by the most violent convulsive movements. Her tongue was unavoidably lacerated, and as the bloody froth issued from betwixt her teeth, with each hissing respiration, her friends gave vent to such grief as I hope never to witness again.

I tied up her arm, as soon as possible. opened a vein and allowed twenty ounces of blood to flow, and requested the cupper to take twenty ounces more from the temples. I gave her ten grains of calomel, and an equal quantity of jalap; ordered an enema of *mistura assafoetida*, castor oil and turpentine, and sinapisms to be applied to the extremities, a

garlic poultice over the region of the abdomen, and a bladder of ice to the head.

During the afternoon and night she had six convulsions, which were much relieved by the inhalation of chloroform. She remained in a comatose condition, with dilated pupils and pulse one hundred and soft, for five days, when consciousness gradually returned; but loss of memory, with confused ideas and impaired intellect continued for several weeks.

In February, 1862, I was called at one o'clock, A. M., by a midwife, to see Mrs. H., a tall, robust woman, in labor with her first child. On examination, I found the child's head in the excavation of the pelvis, with the vertex in the first position of Baudelocque—the vagina hot and perineum rigid. The pains were frequent and hard, but the head had not advanced for several hours. After waiting two hours, as there was still no change, I applied my forceps, and, with the first pain, commenced gentle traction, when my patient was seized with a terrific convulsion. After struggling with great violence for sometime, she sank exhausted, and apparently lifeless, whilst bloody froth escaped from her mouth, and ran down her livid cheeks. The terror and dismay of this scene can be better imagined than described. Her friends, in the most excited manner, exclaimed, "Doctor, you have killed her! she is dead! you have killed her!" I endeavored to examine her pulse, but they told me, "It's no use now; she is dead, and you have killed her."

After some delay, I felt her pulse, which I found to be full and bounding. With the assistance of the midwife, I tied up her arms and took fifty ounces of blood, when the deep stertorous respiration and coma gave way to returning consciousness. By this time, Dr. Frayser arrived with chloroform, which he administered very carefully. I then re-adjusted my forceps, and very soon effected delivery. Her recovery was speedy, and without a single untoward symptom.

Mrs. G., *æt.* thirty-five, tall, delicate and nervous, lacked fifty days to the completion of the term of her fifth pregnancy, when she became alarmed by a very considerable hemorrhage, which commenced at ten o'clock on the morning of the sixth of March, 1858. As she resided in the suburbs, and her husband was absent, there was some delay in sending for a physician; but as soon as I received the message, I hastened to her house, where I arrived at five o'clock, A. M.

I found my patient somewhat pale and agitated, pulse one hundred and twenty, contracted. The *os uteri* was about the size of a gold dollar—the hemorrhage had ceased. After

remaining about two hours, as I observed no increase of hemorrhage, and the pains had subsided, I ordered a dose of *Ol. Ricini*, gave some general directions to the nurse, and returned home.

In the afternoon, the *os uteri* was soft and *dilatable*, vomiting had occurred several times, and there was some pain in the region of the stomach. As a good deal of blood had already been lost, I ruptured the membranes, pressed the head upward, and allowed a portion of the *liquor amnii* to escape. The pains then came on regularly, and with increasing strength for an hour, when the child was born. After tying the cord and establishing respiration, I found the uterus in a state of inertia, I therefore placed my hand upon the abdomen, and with friction and kneading and cold applications endeavored to stimulate the uterus to contraction, whilst I employed gentle traction upon the cord. As the hemorrhage now demanded prompt and decided action, I determined to remove the placenta. As soon as my hand had passed the ostium, the womb contracted and forced the afterbirth into the vagina, but during this last expulsive effort, my patient was seized with a horrible eclampsia—the inferior maxillary was drawn down, and to one side, the eyes rolled upward, whilst the muscles of the face, abdomen, superior and inferior extremities labored in violent convulsion.

This paroxysm was followed by a comatose condition, which lasted six days, during which time brandy and laudanum and carbonate of ammonia and musk and beef essence were administered; and terebinthinate and antispasmodic enemata were given; whilst sinapisms were used freely to the extremities and over the region of the abdomen. After consciousness returned, my patient remained feeble and nervous and anæmic for several weeks; but finally, recovered under the influence of ammonio-tartrate of iron, quinine and wine and concentrated nutritious diet.

A variety of causes, centric, emotional and eccentric conspired to produce eclampsia in this patient:

First.—Spinal erethismus, developed during each gestation, manifested by convulsions in her first parturition, and by abortion in her second and third pregnancy.

Second.—Great loss of blood, producing spinal anæmia, which is as effectual in causing convulsions, as the opposite condition.

Third.—The return of her husband, whom she had anxiously expected for several hours.

Fourth.—And last though not least, the irritation of the excitor nerves of the vagina, occasioned by the introduction of the hand for the removal of the placenta.

SYNOPSIS.

Cause of Intermittent and Remittent Fevers, with Investigations which tend to prove that these Affections are caused by certain Species of Palmellæ. J. H. Salisbury, M. D., Prof., etc., Amer. Jour., Jan., 1866.

In 1862, the weather had been unusually damp, up to about the first of July. During July, August and September there was scarcely any rain. Springs and streams became very low, swamps and humid grounds became dry, vegetation almost ceased to grow, and all the signs of severe drought presented. Intermittent fever began, and during the months of July and August, it rapidly increased, till it had invaded nearly every family on *ague levels*.

The investigations began by examining microscopically the first salivary secretions and mucus expectoration of the morning, of persons exposed during the evening, night and morning, to the cool, heavy, damp exhalations and vapors rising from stagnant pools, swamps and low grounds—and who were constantly immersed in a malarial atmosphere, and where every one was more or less affected with symptoms of malarial poisoning.

In these secretions occurred a great variety of zoosperoid cells, animalcular bodies, diatoms, dismidia, alga cells and filaments, and fungoid spores. The *only constant* bodies, however, *uniformly found* in all cases, and usually in great abundance, were minute, oblong cells, either single or aggregated, consisting of a distinct nucleus, surrounded by a smooth cell wall, with a highly clear, apparently empty space between the outside cell wall and nucleus, I was satisfied that they were cells of an alga type, resembling strongly those of the palmellæ. They were found only below the summit ague line; whereas, the diatoms, dismidia, fungoid spores, and animalcular bodies, extended to some extent to all heights above the ague line; especially were they found in the vicinity of *damp high grounds* and streams.

These minute cells are the only forms found to be constantly present on malarial levels, and not present above them. What is their source and character? Plates of glass were suspended a foot above the surface of stagnant pools and partially submerged marshy grounds. The plates were placed in position at dusk, a single peg supporting a corner, and were removed before sunrise. The under surface was always covered with large drops of water, not containing any of the minute, oblong cells, so uniformly present in the morning expectoration. On the upper surface of the plates, however, these bodies were found in considerable numbers. The experiments were repeated many nights, varying widely the localities, with the same results. A rich, peaty prairie bog, where the water had become mostly dried off, and the surface broken by the tread of cattle, presented. On the recently exposed earth, there was what appeared to be a whitish mould, or more closely the in-

crustations of some salt. The plates of glass suspended over this bog; and the next morning their inferior surfaces were covered with the peculiar minute cells. A fragment of the earth, with the incrustations, under the microscope, was discovered to be made up of aggregated masses of the minute cells so uniformly met with in the expectoration of persons exposed on malarious levels. The cells were algoid, and emanated from plants of a palmelloid type. There were several species, and on the larger ones grew several species of mucidinous fungi.

The portion of the town adjoining this bog, or all of it situated below a line about thirty-five to forty feet above the bog, has always been a fruitful field for intermittents. Those living immediately on the edge of the bog are frequently subjects of ague yearly from May till November. August and September are usually the worst months. Persons walking over this bog, or remaining on it for a few consecutive minutes, experienced a peculiar, dry, feverish sensation in the throat and fauces, often extending to the pulmonary mucus surfaces, and their expectoration was uniformly found to be filled with the designated minute, oblong cells. Numerous persons, some of them physicians, visited the ague grounds and were invariably affected. The malarial matters inhaled, appeared to be poisonous to the surfaces with which they came in contact.

The only constant foreign bodies found in the expectoration of those affected with the local symptoms produced by walking over ague grounds, and in the expectoration of those immersed in the night emanations of malarial levels, were the minute palmelloid cells described, having their source in the palmelloid plants growing in such profusion on the drying soil of ague lands during the prevalence of intermittents.

By an apparatus designed for the purpose, the following facts were ascertained:

1. That cryptogamic spores, and other minute bodies, are mainly elevated above the surface during the night. That they rise and are suspended in the cold, damp exhalations from the soil, after the sun has set, and that they fall again to the earth soon after the sun rises.

2. In the latitude of the Ohio, these bodies seldom rise above from thirty-five to sixty feet above the low levels. That in the northern and central portions of the state, they rise from thirty-five to forty-five feet, while in the southern from forty to sixty feet.

3. At Nashville and Memphis they rise from sixty to one hundred feet and more above the surface.

4. Above the summit plane of the cool night exhalations, these bodies do not rise, and intermittents do not extend.

5. The day air of malarial districts is quite free from these palmelloid spores, and from causes that produce intermittents.

Many different localities at which intermittents ordinarily prevailed, and others at which it occurred and was known to be unusual, were visited, and without a solitary exception, the ague plants were found growing in the immediate vicinity of the disease, and in no instance were they found where the disease did not occur.

A particular locality had been for sixty-five years exempt from intermittent fever. It was one hundred feet above the ague levels, and was far removed from them. Near the residence a pond con-

taining about ten square rods of surface, had been several years drained, and the rich alluvial bed had become covered thickly with grass. About half of it was spaded up, for the first time, in the month of June, for celery and vines. Ague palmellæ began to appear on the freshly spaded soil about August the first. Some were white, while others were of a brick red color. From August eighth to August twenty-fourth, four cases of intermittent occurred in the houses within fifteen rods north and south of the ague patch of ground, in persons who slept on the first floor; no cases occurring in persons who slept in the second story. The ague patch was covered with straw on the twenty-fourth of August to the depth of six inches, and no subsequent case of ague occurred.

Another instance of intermittent invading a family at a locality at which the disease had not previously presented, was discovered to have been occasioned by a prolific crop of ague palmellæ directly in the rear of the kitchen of the residence, in some new, peaty soil, that had been drawn there a few weeks previously, to level off the surface. It was covered thickly over with caustic lime, after which there was no more of the disease.

On the rich limestone lands, and the black alluvial lands, and the fertile prairie lands, and the rich, low, limestone and alluvial lands, in Ohio, Illinois, Indiana, Missouri, Iowa, Kentucky, Tennessee and Mississippi, ague palmellæ develop in great profusion, especially during the months of July, August and September.

Wherever the soil is free from lime, and the water is soft, the ague palmellæ developed are mostly white, or slightly tinged with yellow and green; and in intermittents are comparatively free from congestive tendencies, and the types better marked, the eliminating organs much less liable to become badly deranged, and the paroxysms more readily yield to quinine and iron. In limestone regions, where the water is hard, and the soil highly calcareous, the developed palmellæ are usually pink, brick red, greenish, or yellowish. The brick red and greenish plants are the most abundant. In such localities intermittents are apt to assume a congestive type, the functions of the eliminating organs become much deranged and partially suppressed, oxaluric and often phosphoric states follow, and quinine, iron and arsenic, alone or combined, do but little good, and often in old and bad cases tend to aggravate the disease. The eliminating organs being restored to their normal or increased activity, the paroxysms readily yield to the tonic and anti-zymotic influence of quinine and iron.

Auscultation of the Heart; Prof. D. H. Tucker, Richmond Medical Journal, January, 1866.

The morbid sounds are essentially the same, though severally designated as bellows murmur, *bruit de soufflet*, as sawing sound, *bruit de scie*, and rasping sound, *bruit de rape*.

The valve opening so imperfectly as to interfere with the onward current of the circulation, is *constricted*.

The imperfect closure of the valve allowing, during contraction or dilatation of the heart, the blood to regurgitate through some one or other of the valves, is *dilated*.

The particular valve diseased, and whether *constricted* or *dilated*,

or *both* can be determined by the following table, the time of the heart's action, and other points of diagnosis being considered :

AURICULO-VENTRICULAR VALVE.

Constricted.—First sound healthy : second sound morbid.

Dilated.—First sound morbid : second sound healthy.

Constricted and Dilated.—both sounds morbid.

ARTERIAL VALVE.

Constricted.—First sound morbid : second sound healthy.

Dilated.—First sound healthy : second sound morbid.

Constricted and Dilated.—Both sounds morbid.

A constricted arterial valve, or a dilated auriculo-ventricular valve, will occasion a bellows murmur at the first sound of the heart.

By which the bellows murmur is occasioned, may be determined by the fact, that the nearer the ear is placed to the point at which a sound is produced, the more distinctly that sound will be heard. The arterial valves are at the *base* of the heart, and the auriculo-ventricular valves are toward its *apex*. The bellows murmur more distinct at *the base*, the disease is in the *arterial valves*, while if more distinct at a point on the chest corresponding with the line of the *auriculo-ventricular valves*, towards the *apex* of the heart, the disease is in those valves. If the aortic valve is the seat of disease, the morbid sound will be heard over the point of that valve *on the left side of the heart*. If the pulmonary valve is the seat of disease, the morbid sound will be heard over its natural position, leading from *the right ventricle*.

Hip Joint Amputation—Recovery; A. M. Fauntelroy, M. D., Staunton, Va.; Richmond Medical Journal.

Aged thirty-seven; farmer; health previous to wound, good. Right thigh amputated, lower third, October 17, 1864. Received into hospital December 19, 1864. The stump almost cicatrized, except two small apertures, from which a fetid pus issued, until an exploration, and the condition of the patient determined the necessity of operative procedure. March 11, 1864, after administering an ounce of whisky and chloroform, a transverse incision was made over the face of the stump, and the end of the exposed bone sawed off; exhibited an excrescence, and it was perceived that the bone was encircled by soft porous and brownish, bony material, an abortive effort of the periosteum to encase the carious shaft. The carious condition was evidently peripheral in origin, as the periosteum was in a state of fatty degeneration, while the medullary membrane was comparatively healthy. With a view to reach sound bone, an incision was made on the outer aspect of the thigh, between the vastus externus muscle and the biceps femoris; and ultimately extended over the trochanter major, on a line with the superior spinous process of the ilium—the disease extending to the head of the bone, requiring its entire removal. In the operation, digital compression was made, over the pubic bone, upon the femoral vessel; and the arteries, the superficial and deep femoral vessels, were tied as they were cut, and the flaps were then made, leaving them somewhat longer than is usual in hip joint amputa-

tions. The loss of arterial blood was trifling in amount ; the flaps were secured by silver wire sutures, and the stump was dry dressed. After restoration of consciousness, half an ounce of whisky was administered every fifteen minutes, until reaction became manifest, and heat applied to body and extremity. During the day, the patient drank nearly a pint of cream, and ate two soft boiled eggs, and had the whisky every half hour during the evening, and every hour during the night, and every hour during the subsequent day, with milk and eggs for diet, and morphine and camphor water at bed time. On the second day, he ate seven eggs, batter cakes, and drank largely of milk. Muriated tincture of iron twenty drops three times, and Dovers Powder at bed time. Whisky given in the event of his waking during the night. Suppuration half a pint. Cold water was directed to be constantly applied. On the ninth day, suppuration diminished and laudable, and patient doing well. Sutures were removed, and adhesive straps applied to sustain the flaps. On the fifteenth day, from peculiar ingesta, had three motions of the bowels; before regular, for which he had acet. lead two grs., opium half gr., at bed time, and two actions from the bowels on the sixteenth day, occasioned the pill to be given again at bed time. On the seventeenth day, an ounce of cod liver oil, and an ounce of whisky were directed to be given an hour after each meal, in addition to the iron prescribed on the second day. On the nineteenth day, the stump along the lower surface seems to have united firmly ; on the sides granulations are healthy. On the twentieth day, there was some occasion for the lead and opium pill, and followed by good result. April 24, the face of the stump has entirely healed. The other incision has granulated, and new skin rapidly forming. July 28.—The patient started to-day for his home in North Carolina, in the enjoyment of most excellent health, and able to walk with facility upon crutches.

LaCroix D'Orleans performed in 1748, the first amputation at the hip joint, and without success. Pervault operated *first with success* in 1773. In 1845, Syme and Sands Croix performed *successfully* hip joint amputations; and E. Shippen operated in April, 1863, with success. Patients attenuated from protracted disease, but still free from organic lesion of any vital organ, are the most favorable subjects for the operation, which is likely to be followed by fatal results, when resorted to in consequence of severe external injury in large healthy men. The dangers incident to an operation at the hip joint are :

1. Hemorrhage, primary and secondary.
2. Profuse or exhaustive suppuration.
3. Nervous shock.

The favorable progress and result of this case are ascribed to the *celerity of the operation* ; the mode of performance; the small amount of primary hemorrhage; the little shock to the system; the amount of suppuration controlled by the assiduous application of cold water.

Relations of the Periosteum to Osteogenesis. E. S. Gaillard, M. D., Medical Director and Inspector in the late "Confederate Army.," Richmond Medical Journal, January, 1866.

It is a fallacy that the periosteum is necessary to osteogenesis, or indispensable for the vitality and reparation of the bone.

Hence, much of the surgical interference now so frequently instituted is injurious and unnecessary.

The death of bone, when denuded of its periosteum is attributed to the ostensible cause; that for its growth, vitality and reparation it is dependant upon the blood obtained through the vessels of the periosteum.

The periosteum supplies bone with an indefinite number of arteries, "generally extremely small, which ramify upon the compact and cellular structure, penetrating it, in every direction, and anastomosing with the radicles of the nutrient (medullary) artery."

The only point of uncertainty is the completeness of this capillary inosculation and its supplemental adequacy for sustaining, thoroughly, the vitality of cancellated structure, when the periosteal vessels have been ruptured. That this anastomosis is entirely sufficient for the objects to be accomplished may now be admitted, as one of the facts and demonstrations of surgery.

Observations and experiments by Cooper, Flourens, Hales, Duhamel, John Hunter, Tomes, and others have proved, "that bone derives its vitality and nutrition, as well from the medullary circulation, as from the vessels of the periosteum, and that it is illogical to assume, because one of the classes of blood vessels, engaged in osteogenesis is injured that bone may not both be formed and nourished from that other and co-ordinate class, which remains unimpaired.

In intra-uterine life bone is manifestly formed and has muscle attached without intervening periosteum, and without evidence of ever having intervened or been instrumental in the formation of such portion of bone,—such bone is independent of the periosteal vessels for its vitality and growth. From the vessels forming subsequently the basis of the medullary membrane, bone is developed and supported, where the periosteum is absent.

Hunter, Ferguson and others, have affirmed that periosteum is redeveloped *after* callus has been formed, and consequently not the agents of reparation, and the ends of bone denuded of periosteum will unite.

Mr. G. P., Co. B., South Carolina Infantry, Kershaw's Brigade. Age twenty, occupation farmer. Wounded at the Wilderness May sixth; admitted to hospital at Charlottesville, Va., May twelfth. Previous health good. A conical leaden ball penetrated the right buttock, four inches posterior to the trochanter major, and, passing obliquely forward and downward, emerged at a point two inches in rear and one inch below the trochanter. Patient was in pain, feverish, restless and desponding. Decubitus left lateral, right hip elevated and thrown forward. On May seventeenth, he had irritative fever to an alarming degree. A large tumor just below the inferior limits of the trochanter, on the outer aspect of the limb, supposed to be a displaced and separate fragment of bone. Under the influence of chloroform an incision was made over the tumor, and it was ascertained that it was caused by the abduction (with flexion) of the upper fragment. Exploration with the finger developed an oblique fracture without comminution of the upper shaft, and the anterior aspect was stripped of its periosteum for two inches, to the point of insertion of the capsular ligament! May eighteenth, Smith's anterior splint was applied with the effect of giving immediate

relief. The extreme abduction of the upper fragment could not be overcome, and the entire limb was placed in a line of direction corresponding with that of the upper fragment. His improvement was soon marked, inflammation and tumefaction rapidly abated, fever subsided, and appetite returned, and no complications supervened. July twenty-eighth, a large sequestrum was removed in several pieces, and represented a scale of bone from the anterior aspect of the upper fragment, and doubtless corresponded to the denuded portion. The splint was removed July nineteenth. Sept. first, he first tried to walk with the aid of crutches; his limb short two inches. Now he is independent of his crutches, and in excellent health.

It is evident that the prognosis which usually takes place, where bones are denuded of their periosteum, is not justified or warranted by recorded facts; and that there is no physiological reason for assuming that denuded bone will die; but on the contrary, that it will usually be recovered with its periosteum and restored to its normal condition.

Three Causes of Pilon Gysts. J. P. Vaughn, M. D., St. Louis. *Medical and Surgical Journal*, November and December.

Patient, age thirty-five, had been pronounced by several physicians to be the subject for five years of fistula in ano, and a fistulous opening situated between the point of the coccyx and anus, about an inch from the latter was explored. The probe instead of passing down obliquely in the direction of the bowel, took an opposite course under the integuments, along the median line, and after penetrating nearly four inches, the end of the instrument stopped at a point on the sacrum above its articulation with the os coccyx. Around this spot there was considerable tenderness and inflammation. A grooved director was introduced, and the canal slit up its entire length, and without any diseased bone presenting. The cause of the difficulty was found to be a small fasciculus or sheaf of hair, about the dimensions of a crayon, or cedar pencil. The arrangement of the hairs, and their being bound around near the middle by two or three long hairs gave it resemblance to a sheaf of wheat. The average length of the hairs composing the sheaf was an inch and a half, and in color similar to the hair on the thighs and buttocks. The foreign body was removed, the edges of the cut drawn together, and the wound healed in a week. There has been no return of the disease in twelve years. Ten years ago, a clergyman presented for examination with a small tumor in the right buttock, just over the tuber ischii. The opinion was expressed that the tumor was occasioned by the subcutaneous growth of the hair, an opinion afterwards laughed at by other physicians. An operation subsequently exposed a bundle of hair as the occasioning cause of the tumor. Twelve months ago, a gentleman aged twenty-five, suffered during six years with a series of abscesses about the buttocks, discharging about and above the anus. He had been treated for fistula in any variety of times, by a variety of physicians, in various ways. On examination, two fistulous orifices discharging, and the cicatrices of at least twenty others were observed. One orifice was about an inch from the anus, on the right side, running

back parallel with the median line for a distance of three inches and a half. The second opening was near the articulation of the coccyx and sacrum, the sinus taking an oblique direction outwards and over the posterior surface of the sacrum, where it terminated three inches above the orifice.

The opinion was expressed that the *fons et origo mali*, would be found in hair developed under the skin, giving occasion to those physicians present to plainly express on their countenances incredulity. The operation proved the correctness of the diagnosis, as a considerable quantity of hair was extracted from each sinus. During the treatment an indurated lump was discovered in the left buttock, and the patient was apprized that he would probably have trouble from the same cause again. About one month afterwards he presented, and an abscess had been formed on that identical spot the canal leading to a point indurated and to the depth of nearly four inches, was slit up and quite an accumulation of hair was removed. In every case observed, the individuals were hairy men, with hirsute thighs and nates; the disease termed acne was also noted as being uniformly present.

The copious crop of the pimples on the surface affected with abscesses, associated with the luxuriant growth of hair on the parts enabled the correct diagnosis of the nature and cause of the affection.

Cholera; Wm. A. Shaw, M. D., St. Louis Medical and Surgical Journal, November and December, 1865.

Cholera is really a congestive chill of intermittent type, occasioned by the miasma of Hindoostan. This infected the bodies of men and beasts, and of course increased the virus of the miasma. Neither yellow fever, nor cholera has ever been indigenous to the United States. It has always been traced to a vessel landing at some seaport. Pine wood regions repelled the disease; rich, low grounds and miasmatic swamps encouraged its growth, and it found a congenial resting place in the low, flat morass of the city of New Orleans; here, for a series of years, it asserted its sway; those who resided there witnessed it for years before and after 1849. Cholera usually attacks in two forms. The most dangerous and less frequent form is, the fixed congestion of the liver, the lungs, and the whole digestive tube, with scarcely any cholérine, or rice water diarrhea, and generally fatal in a few hours. The other more common form, more insidious, and little less dangerous, if neglected, is preceded for days by cholérine, or rice water discharges, with little pain or griping at first; on a sudden, violent cramps will seize the patient, and after great suffering, the patient will sink prostrated by what is significantly called the state of collapse. In both forms, the symptoms unmasked, all indicate a complete paralysis of both internal and external capillary vessels, whose sympathies are so well known by regular physicians. In the second form, the conservative power of vitality, unlocks the secretions from the whole digestive tube, and hence the profuse rice water discharges. Congestive fever had never been seen in North Carolina, until after cholera had been there in 1832. And physicians of Virginia affirm the same observation in that state. The author *never* lost a case of cholera or congestive fever, and treated both diseases alike.

The form of fever which is congestive collapse, called by Dr. Wood "pernicious fever," bears the same marks of the congestive cholera impress; cholera and congestive chills indicate and require the very same curative remedies. Is the cholera of the East Indies a congestive miasmatic fever? Congestive chills and cholera, in the early stages, resemble in the state of the capillaries, skins, respiration, etc. Congestive chills come on like the chill of a bilious typhoid remittent; so does the cholera. It exists or is derived from miasmatic or malarial regions; so with cholera. It is sometimes fatal in the cold stage; so is cholera. Congestive fever and cholera require the same remedies during the cold congestive stage—mustard frictions, hot salt and bottles, etc., to rouse the action of the nerves and capillary circulation of the skin. In cholera, the congestion mainly throws out its violence on the *liver*, and *asphyxiates* the lungs. Vitality (that is, conservative power in each constitution,) depletes the serum from the vena portæ reservoir, which owing to the congestion of the biliary pores, passes into the small intestines, *untinged with bile*; this acrid serum, owing to miasmatic virus absorbed, irritates the muco-nervous membranes of the small intestines, causes the acute diarrhea of rice water discharges, so copious in cholera—a disease which, in many cases, lasted for weeks in many individuals, but which found no exciting cause to develop unmasked cholera, because of the carefulness of those affected, and the use of Hoffman's anodyne, or camphor, or No. six, whenever pain or diarrhea required. The indications are first to restore reaction. In the first form of the attack, where there is congestion, without cholera, give mustard emetics, to eliminate the miasmatic poison, relieve the asphyxiated lungs; use stimulants by friction, and internally, and persevere until complete reaction is restored. After *reaction* is decided, act on the liver with *alterative aperient*, and check any tendency to diarrhea with four grains of quinine, two grains of opium, three grains of calomel, in a pill, at each stool, followed by camphor water. Brandy toddy with chloroform and spirits of camphor will allay the pain. The biliary secretion restored all danger is obviated, though tonics and suitable nourishments must be administered for weeks.

Bromine as an Antidote to Zymotic Poisons—its application in the Treatment of Hospital Gangrene, Syphilis and Smallpox; W. E. Clark, M. D., St. Louis Medical and Surgical Journal, November and December, 1865:

Bromine is an antidote to all zymotic poisons; yet there remains much to be discovered in the application of this remedy for the destruction of animal poisons existing either in or out of the human system.

In measuring the extent to which bromine and iodine are capable of acting, there is a vast difference in favor of bromine, especially in its local, and most effectual mode of application. There is a difference in the chemical composition of the two substances; and they cannot be indiscriminately applied to pathological conditions, hoping to procure the same results.

No one would give bark in substance, cinchona or salicin in a case of pernicious intermittent fever in place of quinine, although these substances have a great analogy in their composition, and in

their effects upon the system, and in mild cases of the same disease will produce similar results.

The relative value of bromine and iodine can be estimated by the comparative results. Diseased evidences that yield readily to bromine, will go on uninterrupted to a fatal termination under the administration of iodine. The action of the substances is similar on the glandular and lymphatic systems, increasing secretion and absorption, though these effects are the smallest results to be gained by the use of bromine, under circumstances where other and more important results are to be obtained. Bromine destroys zymotic poisons, which iodine has relatively but little capacity to do. Bromine is more volatile than iodine.

Case 1.—A healthy condition of the stump continued until the fourth day after amputation, when the wound began to discharge a thin, ichorous pus, with indications of sloughing on the flap, and a severe lacinating pain in the stump. Pulse one hundred, feeble; skin dry, hot; furrowed tongue and thirst; no appetite, and constipation of the bowels. A saline aperient, repeated doses of morphine, and locally co. tinct. benzine, did not prevent an aggravation of symptoms the next day, except the pain. The discharge was unaltered, though increased in quantity; one side of the flap presented an appearance of discoloration and sloughing; and the limb was slightly cedematous as far as the knee, with temperature much below the body; pulse one hundred and twenty, and more feeble; had rigor in the night, followed exacerbation of fever and delirium, and finally profuse perspiration; tongue quite dry, with red streak through the middle; some nausea and occasional disposition to vomit. Five grains of quinine, with tincture of iron, and opium, were given every three hours, and beef tea; and the wound injected with officinal tincture of iodine, and enveloped in warm poultice of charcoal and yeast, frequently renewed. The patient rested rather better, and suffered but little pain during the night, but was quite delirious the next day. Discharge from wound more consistent and very dark in color, with dark shreds of cellular tissue of almost intolerable fetor, noticed, too, yesterday. Almost the entire flap in gangrenous slough, which was removed, and left the end of the stump exposed, and covered with a black fetid slough extending some distance into the cellular tissue between the muscles, cedema increased, and marked above the knee by red streaks, following the course of the lymphatic vessels to the groin, where the glands were enlarged and painful to the touch. The next day the pulse was one hundred and thirty six, more feeble; profuse prostrating sweat, red and crabbed tongue, dull and sunken eyes, with anxious countenance, no appetite, thirst, and occasional effort to vomit. There was but little encouragement for further treatment. By means of a small sponge the solution, R—Bromide potassium drachmas ij; bromine ounces i; aquæ dist: ounces iv. was introduced well into all the small cavities and intermuscular spaces, and the stump covered with oil silk; allowed to remain several hours: Internally five grains bromide potassium every two hours, in conjunction with milk punch and essence of beef. Twelve hours afterwards there was evident improvement. There had been from the bromine considerable pain in the stump, yet much of the dead tissue had sloughed off, and fetor was much less

offensive; there had been much less perspiration, and the stomach had become more retentive; morphine and a second application of bromine at bed-time. The patient was restless through the night from the pain in the stump, though there was less delirium; the next day the fetor was yet offensive though the discharge was more the consistence of healthy pus; temperature of the limb equal to that of the body, and œdema subsiding; pulse one hundred and twenty five, and with more volume; perspiration diminished; tongue more moist, no appetite, bowels relaxed. A close examination showed that the bromine had not been applied between the muscles to the utmost extent affected with gangrene. He was placed under the influence of chloroform, and after the sloughs had been removed by forceps and scissors, the bromine in substance was thrown, by a glass syringe, into all the intermuscular spaces and cavities, so as to get behind the diseased action, and come in contact with, and cauterize the healthy tissues, and excite healthy inflammation. After reaction from chloroform, the pain in the stump required large doses of morphine to be used. There was no change in constitutional treatment. Twelve hours after, except some pain in the stump, the patient was comfortable; much dead sloughing tissue had been thrown off, and the stump presented small surfaces of vital tissue, covered by a more healthy pus, with less fetor; temperature of limb above that of the body; some redness about the margin of the wound; the enlarged lymphatic glands of the groin not increased, but still sensitive to the touch; general febrile condition; hot skin; pulse one hundred and twenty, but much fuller than before. Anodyne, at bed time, and charcoal and yeast poultice to the wound. Next morning much improved; pulse one hundred and fifteen, with increased volume; skin moist, but not profuse sweat; had but slight delirium through the night. Constitutional treatment continued, and the poultice as last night. Next morning pulse one hundred and eight, and increased in volume; skin moist, but not perspiring; expression of the countenance somewhat cheerful; relishes food, and no disposition to vomit; no gangrenous odor, and the wound clean in appearance, but few shreds of sloughing tissue attached which, on being removed left the whole face of the stump covered with healthy granulations. Continued treatment, with saline aperient next morning—pulse one hundred; skin and tongue moist; suffered no pain, and rested well during the night. From this date the patient continued convalescent, under the use of tincture of iron, milk punch, and a generous animal diet.

Some who have made use of the bromine in treating hospital gangrene, have not derived satisfactory results in all instances, and it is believed, in consequence of the imperfect manner of its application. It must be applied, so as entirely to destroy the diseased tissues in the wound, and thereby destroy the virus which is constantly inoculating the system.

A positive opinion in favor of the application of bromine in syphilis cannot now be expressed, because of the limited observation as yet of its efficiency. In one case of indurated chancre, and two of soft chancre it was employed, but all had mercury to ptyalism, and though they did well and rapidly, the result can not safely be ascribed to the bromine, though it is believed that it is

capable of destroying the virus of syphilis as well as that of hospital gangrene. In two cases of smallpox, with a view to avert the disease, and prevent the pitting of the hands and face, a solution containing one drachm of bromine to an ounce of saturated solution of bromide of potassium, was introduced by means of a sharp pointed hickory stick, with which the visicles were punctured as soon as they made their appearance. At the points thus treated, it entirely absorbed the pustules, and left the skin perfectly clean and smooth after convalescence; while on the remainder of the body, the pustules, though many, were small and imperfectly formed, and visicles subsided without forming pustules at all; while the secondary fever was very slight. That the bromine exerted some modifying influence is certain, and the observation is of sufficient importance to cause the agent to be subjected to further trial and test.

Successful Removal of the Uterus and both Ovaries, by Abdominal Section etc. By Horatio Robinson Storer, M. D., of Boston, Mass.

After quoting largely of very high authority ignoring operative procedure under such circumstances, Dr. Storer says: "Under these circumstances it might be presumptuous to claim, as I now do, for extirpation of the uterus affected with non-malignant disease, its place as a perfectly legitimate operation in surgery, were I not able to furnish positive evidence of such a character to outweigh all merely preconceived opinions, as well as that based upon previous operations, part of which were unfavorable, only because they had been more or less carelessly or improperly undertaken or performed.

The removal of uterus by abdominal section was proposed in 1787, and again in 1814, but not practiced. The operations for removal of the uterus by abdominal section for non-malignant disease, have all occurred within comparatively a very recent period. There have hitherto been put upon record but five successful cases of extirpation of the uterus by purely abdominal section; one British, one French, and three American. To those I now add a sixth from my own practice. An unmarried female, age forty-seven, in the enjoyment of good health until five years ago, became conscious of the existence of an abdominal tumor. This has steadily enlarged, and she is now—twenty-fifth of August 1865, larger than a woman at the full time with twins, walks with difficulty, cannot lie down without dyspnoea, is emaciated, very anxious about herself and desirous of relief. She is quite deaf. The menses have continued normal up to the present time, though always somewhat scanty. There has been little or no dysmenorrhoea, certainly nothing like uterine contractions or expulsive pains. The vagina was occluded by an extensive hymen and very sensitive. She was thoroughly anesthetized. By external palpation the whole abdomen was discovered to be filled by a resisting mass, in outline apparently single or mono-cystic, although affording localized fluctuation at many points of its surface, the waves being equitable, but neither sharp nor dull—neither distinct nor obscure. The outline of the tumor was regular and uniform, save in the right iliac region; externally and inferiorly there was felt a double prominence, more marked

upon deep pressure, the two portions distinct from each other, slightly movable and each giving much the sensation of a small foetal head. There was no vascular bruit, upon auscultation, nor any signs of ascitic effusion. By the vagina the cervix was found somewhat hypertrophied; and so far as could be judged, the same was true, and to a greater degree, of the body of the uterus. The cervix, was somewhat elevated, and external to it there was general resistance, non-fluctuating to pressure, upon both walls of the vagina, but nothing decisive as to whether the tumor was uterine or ovarian, nor could additional evidence upon this point be afforded by examination by the rectum. The os was nearly normal in size, the sound entered not without difficulty, a little more than two and a half inches, and the impression was given, after prolonged and careful manipulation, that this only was the extent of the uterine cavity; the negative character of this evidence being explained by the cavity having been encroached upon by the thickening of its walls. The uterus could hardly be moved by the sound, either with, or independently of, the abdominal mass, itself almost immovable.

The patient was subjected to prophylactic treatment, destroying cough and rendering her bowels perfectly regular, and became accustomed to the change of local climate and surroundings, points to which I attach extreme importance in operations about the pelvis. Being persuaded that the tumor, whatever its nature, would, unremoved, eventually destroy the patient, I determined to operate. I have seen too much of abdominal tumors to believe in absolute certainty of diagnosis in any case, no matter with what care examined. The patient had at first viewed her prospects as hopeful, but as the day of trial approached, her courage entirely failed, and I was compelled, as I consider it is often our duty in desperate cases to do, to take the sole responsibility of advising the operation and carrying it into effect. In my patient's unbounded gratitude, now that she has been saved from the fate that would have been impending, I find my sufficient excuse and my reward. I operated on the twenty third of September, assisted by Drs. Dix, Langmaid, and Tyng; to their skill, courage and patience, much of my success is undoubtedly due. The room was sixty-six degrees Fahrenheit, to which standard, as nearly as possible, it was kept during the whole of the after treatment. The bowels had been moved, and care taken that little or nothing had entered the stomach during the forenoon. She came readily under the influence of chloroform, the bladder had been emptied by catheter, and an incision of five inches made into the abdominal walls from just below the umbilicus downwards, keeping within the track of the right rectus muscle. The several layers of tissues were carefully divided upon a director, and the tumor exposed, almost completely filling the cavity, of a very dark purplish color, and with the omentum adhering to the greater portion of its circumference. The presence of adhesion was ascertained when the opening was small by the introduction of a sound. The omentum was highly vascular, some vessels of very great size, resembling those of the placenta, and directly communicable with the substance of the tumor. Some few were ligated by wire before division, and others divided *en masse* by scissors, and afterwards secured by wire ligatures and torsion

Others deep down, and extensive adhesions to the peritoneum were partly broken down, and partly severed. The mass was found continuous with another also of large size, and very irregular outline, completely filling the cavity of the pelvis. To manipulate the latter, while the abdominal portion was still attached, proving very difficult from its weight, separation was effected by the ecraseur, and the external opening enlarged by half an inch to allow extraction. The pelvic mass was found attached laterally, the adhesions being chiefly to the left, very firm and vascular. It was lifted with difficulty; and a clamp passed beneath it, protecting the vaginal septum from being opened, and, after much taxis, the broadened cervix was wholly grasped and the instrument fastened. Excision was then accomplished by the ecraseur with the result, so firm were the tissues, and so little the spare rooms of opening up the jaws of clamp throughout nearly the whole of its extent, so that it fell from the stump the moment it was cut away. It was now evident enough that the divisions had been of uterine tissue. Additional opened vessels were ligatured and twisted, and the operation was practically completed. The very free oozing from the extensive surfaces of adhesion was not checked by alcohol, and fearing the cautery would occasion a slough, the effect of long exposure to the air was tried. During three hours from the commencement of the operation and the closing of the external wound, it became necessary repeatedly to empty the cavity of the pelvis of the blood that had collected, employing, as most effective, sponges, without injurious effect. The incisions were closed by five wire sutures passing through the peritoneum. No superficial sutures were employed, nor was adhesive plaster, or any other dressing, the abdominal integument being allowed to remain perfectly nude, only being protected from the bed cloths by an appropriate wooden frame. Ether was continuously administered to the extent of two and a half pounds. After the cautious administration of a few drachms of brandy, the treatment was expectant, except the constant employment of quinine and iron. For ten days after the operation, no motion whatever of the body was permitted. On the twenty-eighth day the patient was out of bed, and on the thirty-seventh she returned home to Malden. The tumor weighed in all thirty-seven pounds; the pelvic mass weighing eight, and the abdominal sixteen, after thirteen pints of fluid had been carefully drawn from it. Statistics of similar operations hitherto performed, exhibit the percentage of recoveries one in four.

CONVULSIONS IN CHILDREN.—Spasms in children, especially if dependent upon accumulation of indigestible food, can often be satisfactorily and quickly mitigated by the anesthetic effect of chloroform—repeated if returning consciousness brings with it a return of the spasms. The treatment of several cases in this manner gives confirmation of its comparative safety and pleasing results. When emesis cannot be readily accomplished by full doses of emetics, assisted by warm water and other adjuvants, it will often freely follow returning consciousness, thereby, besides its quieting and restorative nature, removing the original and continuous cause.

SELECTED.

Influence of a Diseased Male Parent on the Children of a Second Marriage. From an Old Journal.

Dr. Harvey, Physician to the Aberdeen Royal Infirmary, writes: "Instances are sufficiently common among the lower animals, where the offspring exhibits, more or less distinctly, over and beyond the characters of the male by which they were begotten, the peculiarities, also, of a male by which their mother had at some former period been impregnated—or, as it has been otherwise expressed, where the peculiarities of a male animal, that has once had fruitful intercourse with a female, are more or less distinctly recognized in the offspring of subsequent connections of that female with other males. A young chestnut mare, seven-eighths Arabian, belonging to the Earl of Morton, was covered in 1815, by a quagga, which is a species of wild ass from Africa, and marked somewhat after the manner of the zebra. The mare was covered but once by the quagga; and after a pregnancy of eleven months and four days, gave birth to a hybrid, which had distinct marks of the quagga, in the shape of its head, black bars on the legs and shoulders, etc. In 1817, 1818, and 1821, the same mare, (which had in the mean time, passed into the possession of Sir Gore Ouseley,) was covered by a fine black Arabian horse, and produced, successively, three foals, all of which bore unequivocal marks of the quagga: Several other examples, illustrative of the general fact above stated, will presently be given.

"Great difficulty has been felt by physiological writers in regard to the proper explanation of this kind of phenomena. They have been ascribed by some, to a permanent impression made somehow by the semen of the first male on the genitals, and more particularly on the ova, of the female; and by others to an abiding influence exerted by him on the imagination of the female, and operating on her mind at the time of her connection subsequently with other males, and perhaps during her pregnancy. But they seem to be regarded by most physiologists as inexplicable:

"Very recently, in a paper published in the Aberdeen Journal, an intelligent veterinary surgeon, Mr. James M'Gillivray, of Huntly, has offered an explanation, which seems to me to be the true one. His theory is set forth in the following statements quoted from that paper: 'When a pure animal of any breed has been pregnant to an animal of a different breed, such pregnant animal is a cross ever after; *the purity of her blood being lost*, in consequence of her connection with the foreign animal. And again; if a cow, say of the pure Aberdeenshire breed, is with calf by a bull of the short horn breed (known as the Teeswater breed,) in proportion as this calf partakes of the nature and physical character of the bull, just in that proportion will the *blood* of the cow become *contaminated*, and herself a cross, forever incapable of producing a pure calf of any breed.'

It is maintained, therefore, Mr. M'Gillivray adds, that the great variety of nondescript animals to be met with, are the result of the crossing system; the prevailing evil of which is, the admission of bulls of various breeds to the same cow, *whereby the blood is completely vitiated.*

These questions are suggested :

“*First.*—Whether, in the case of a woman who has been twice married, and borne children to both husbands, the children born to the second husband ever, or generally, partake of the peculiarities of the first husband ?

“*Second.*—Whether, in a family of several children, the younger children, rather than the elder, are disposed, *cæteris paribus*, to exhibit the characters of the father ?

“*Third.*—Whether a woman, who has borne several children by the same husband, may not ultimately acquire some of the physical characters, or at least imbibe and manifest some of the morbid tendencies of the latter ?”

Bearing on the points, these facts are known :

“As regards the brute creation : Besides the instances already quoted of the mare belonging to Lord Morton, there is another similar case recorded. A mare belonging to Sir Gore Ouseley, was covered by a zebra, and gave birth to a striped hybrid. The following year, the same mare was covered by a thorough bred horse, and the next succeeding year by another horse. Both the foals thus produced, were striped, *i. e.*, partook of the characters of the zebra. And it is stated by Haller, and also by Becker, that when a mare has had a *mule* by an ass, afterwards a foal by a horse, the foal exhibits traces of the ass.

“In the foregoing cases, the mares were covered, in the first instance, by animals of a different species from themselves. But cases are recorded of mares covered in every instance by horses, but by different horses, on different occasions, where the offspring partook of the characters of the horse by which impregnation was first effected. Of this Mr. M'Gillivray gives two examples. Thus, in several foals, in the royal stud at Hampton Court, got by the horse *Actæon*, there were unequivocal marks of the horse *Colonel*—the dams of these foals were bred from by Colonel the previous year. Again ; a colt, the property of the Earl of Suffield, got by *Laurel*, so resembled another horse, *Camel*, ‘that it was whispered, nay, even asserted at Newmarket, that he must have been got by Camel.’ It was ascertained, however, that the mother of the colt was covered the previous year by Camel.

“The like occurrence has been noticed in respect of the sow. A sow of the black and white breed (known as Mr. Western's breed) became impregnated by a boar of the wild breed, of a deep chestnut color. The pigs produced were duly mixed, the color of the boar being in some very predominant. The sow being afterwards put to a boar of the same breed with her own, some of the produce were observed to be stained or marked with the chestnut color, that prevailed in the former litter. And on a subsequent impregnation, the boar still the same breed as the sow, some of the litter were also slightly marked with the chestnut color. What adds to the value of the fact now stated is, that in the course of many years' observation, the breed in question was never known to produce progeny having the smallest tinge of the chestnut color.

"Breeder's of cattle are familiar with analogous facts, as occurring in the cow. A pure Aberdeenshire heifer was served with a pure Teeswater bull, to whom she had a first cross calf. The following season, the same cow was served with a pure Aberdeenshire bull; the produce was a *cross* calf, which at two years old had very long horns, the parents both hummel. A pure Aberdeenshire cow was served, in 1845, with a cross bull—*i. e.*, an animal produced between a first cross cow and a pure Teeswater bull. To this bull she had a cross calf. Next season she was served with a pure Aberdeenshire bull—the calf was quite a *cross* in shape and color.

"Mr. M'Gillivray, after relating the whole of the foregoing examples, says: 'Many more instances might be cited, did time permit. Among cattle and horses they are of every day occurrence.'

"My Colleague, Dr. Dyce, tells me, that he has certainly known one instance, if not more, where a Creole* woman bore fair children to a white man; and that the same woman had afterwards to a Creole man other children, who bore much resemblance to the white man, both in features and complexion.

"The following additional cases illustrative of this question have recently been communicated to me; the first by my friend the Rev. Charles M'Combie, of Tillyfour, minister of Lamphanan, in Aberdeenshire, the second by Professor Simpson, of Edinburgh:

"*First.*—Mrs. —, a neighbor of Mr. M'Combie, was twice married, and had issue by both husbands. The children of the first marriage were five in number; of the second three. One of these three, a daughter, bears an unmistakable resemblance to her mother's first husband. What makes the likeness the more discernible is, that there was the most marked difference, in their features and general appearance, between the two husbands.

"*Second.*—A young woman, residing in Edinburgh, and born of white [Scottish] parents, but whose mother sometime previous to her marriage, had a natural mulatto child, by a negro man servant in Edinburgh, exhibits distinct traces of the negro. Dr. Simpson, whose patient the young woman at one time was, has had no recent opportunity of satisfying himself as to the precise extent to which the negro character prevails in her features; but he recollects being struck with the resemblance, and noticed particularly, that the hair had the qualities characteristic of the negro.

"It is of much immediate interest, however, and of great practical moment, to ascertain whether, through the medium of the foetus, the husband may impart to his wife, either the syphilitic virus, or the scrofulous diathesis, or any other constitutional morbid tendency, (*e. g.* insanity) which he may possess. Facts are wanting on this subject; but it is not undeserving patient inquiry.

"Dr. George Ogilvie, of this city, informs me of a case, which fell under his own observation, where a woman was twice married, and had children by both husbands, and where the children by both marriages were scrofulous, although only the first husband had marks of that diathesis; the woman herself, and her second husband, being to all appearance quite healthy.

Another case was communicated by Professor Pirre, of Aberdeen:

"Mrs. H—, apparently perfectly free from scrofula, married a

* The author uses the word incorrectly; he means mulatto.

man who died of phthisis. She had one child by him, which also died of phthisis. She next married a person who was to all appearance equally healthy as herself, and had two children by him, one of which died of phthisis, the other of tubercular mesenteric disease—having at the same time scrofulous ulceration of the under extremity.

“Before the mother could have imparted the scrofulous taint to her offspring by the second husband, she must herself have imbibed it from her first husband, through the medium of his offspring while in utero. And, although still seemingly free of taint, it may have required only the appropriate external condition to call it into full activity in her own person. And with regard to syphilitic poison, there is no difficulty in understanding, and it is quite within the bounds of probability, that the fœtus, if contaminated with it by its father, may convey it to the mother. Messrs. Maunsell and Evan-son, after mentioning that they have notes of the case of a syphilitic child, whose mother had been infected by a former husband (they do not say in what way)—and to all appearance cured five years before its birth—the father of the child (her second husband) being in good health, state their experience would enable them to adduce many curious facts bearing on the communication of syphilitic poison. Perhaps their experience might furnish an affirmative solution of the question at issue. It has been affirmed, indeed, that a man who has once had syphilis, but been seemingly cured of it for many years, may yet so retain the taint of it as to contaminate his offspring, without at the same time tainting his wife. Very possibly. But this does not prove that he may not contaminate his wife also; and the observation itself is, in that respect, fallacious, inasmuch as, in any case of the kind, the wife may really have imbibed the virus, although in latent form, and might subsequently give proof of the reality of the fact by tainting the offspring begotten by another and perfectly healthy husband. Adopting this view, it may be found of importance, in contemplating marriage with a widow, to inquire into the constitutional peculiarities of her deceased husband!

“The first theory in explanation of facts like these is, that suggested by the great Haller, who ascribes it to a permanent impression made by the semen of the male on the genitals, and more particular on the ova, of the female; the second, that suggested by Mr. M’Gillivray, who ascribes it to an influence exerted by the fœtus in utero on the constitution of the mother. The notion entertained by Sir Everard Home, and others, that it is an affair of the imagination, seems too absurd to require serious consideration.

“Mr. M’Gillivray’s theory seems to meet the whole facts of the case, and to derive support from a great variety of facts, in regard to the reception and constitutional effects of morbid poisons and morbid diatheses.

“Mr. M’Gillivray, indeed, supposes that there is a *direct* vascular connection between the fœtus in utero and its mother; and he seems to consider the validity of his theory to hinge on this assumption. The assumption, however, is untenable, nor is it at all necessary to the establishment of the theory.

“In connection with the constitutional influence exerted by the male, through the medium of the fœtus in utero, on the system of the female, another and a very singular question may be raised.

In the case of an aboriginal woman of color, does previous impregnation by an European male, render the female incapable ever after of fruitful intercourse with a male of her own race?

"This question is suggested by an observation, made in various parts of the world, by the excellent Count de Strzelecki, relative to the effect of fruitful intercourse between an aboriginal female and an European male. *"Whenever such intercourse takes place,"* says the Count, *"the native female is found to lose the power of conception on a renewal of intercourse with the male of her own race, retaining only that of procreating with the white men."*

"This, if a general fact, contrasts remarkably with Dr. Simpson's case, above mentioned (one of fruitful connection between a white man and a white woman, after previous impregnation of the latter by a black man,) unless indeed this be, which probably it is not, an exception to an equally general fact of the same sort. It would limit, also,—nay, absolutely exclude, opportunities of observing whether children born of dark parents, where the mother formerly had issue by a European male, exhibit traces of the latter. But it was before stated, on the authority of two gentlemen long resident in Jamaica, that in our West India colonies,—in Jamaica at least—fruitful connections of this kind are of common occurrence, and (which I mention at present as in keeping with this) on the authority of Dr. Dyce, that, in children born under such circumstances, marks of the European have been observed. Special inquiry, made recently, has served so far to confirm these statements, but not to satisfy me that the issue of such connections is numerous.

"The opportunities, however, enjoyed by the Count de Strzelecki, of making observations as to this point, in most parts of the new world, have been very great. "He has lived much (to use his own words) amongst different races of aborigines,—the natives of Canada, of the United States, of California, Mexico, the South American Republics, the Marquesas, Sandwich and Society Islands, and those of New Zealand and Australia." And referring to the statement made by him, and already quoted, the Count observes—*"Hundreds of instances of this extraordinary fact are on record in the writer's memoranda, all recurring invariably under the same circumstances, amongst the Hurons, Seminoles, Red Indians, Yakies [Sinaloa,] Mendosa Indians, Araucus, South Sea Islands, and natives of New Zealand, New South Wales, and Van Diemen's Land; and all tending to prove that the sterility of the female, which is relative only to one and not to the other male, is not accidental, but follows as cogent, though as mysterious, as the rest of those connected with the generation."*

"The alleged sterility of the native female, after intercourse with the European male, is brought forward [it may be added] by Strzelecki as affording an explanation, and as being the chief cause of the gradual diminution and ultimate extinction of the native tribes in most parts of the new world, which follow the introduction of the European races. 'Wherever the white man has set his foot-mark, there print of the native foot is obliterated; and as the tender plant withers beneath his tread, so withers the aboriginal inhabitant of the soil.' And 'human interference' says Strzelecki, to avert this melancholy consequence has been hitherto of no avail; a charter for the colonization granted to one race, becomes virtually the decree for the extinction of the other.'"

EDITORIAL.

MEDICAL POLITICS.

The day has passed, when combinations of medical men, for protection against the encroachments of the uninitiated, is productive of any good results. The immunities enjoyed under the favor of kings and rulers, and the acts of parliament, by the faculty of Paris, and colleges of London, have been compelled to give way before the strong spirit of inquiry, and the discursive force of individual right; the dictum of the prince, and the more considerate and solemn edict of the legislature, have lost their force in this particular; and practically, if not technically, communities, and not doctors, determine who shall practice medicine, or who shall receive solid, pecuniary return for medical administration to the sick.

But it seems that this patent fact is not fully apprehended by medical men; or, why is it that more efficient efforts are not adopted to influence the public, not for the support of practitioners properly entitled to receive it, but against the harpies who suck blood and "revel in luxurious living, derived from disappointing expectations, blasting hopes, and shocking confidences." Not for the support of practitioners properly entitled to receive it, because, though occasionally a worthy physician is made to feel the bitterness of chagrin, or even the bitings of penury, from the misjudged bestowal of confidence upon some more presuming and more ignorant practitioner; yet, ordinarily, and in most communities, the educated physician exerts an influence commensurate with his attainments: and but for his profound respect for the nobleness of his calling, and appreciation of the sacredness of the responsibilities it involves, he would take no thought of the impositions submitted to by the people—impositions to which a superficial observer concludes the people submit with pleasure.

It is not for himself, then, that the educated physician has feelings, when he sees a fellow being under the professional charge of one whose attainments are not adequate to the discharge of the duties assumed. But he feels, and deeply, too, for the absence of that quickness of conscience, which, if present, would prevent the disqualified practitioner from the bold presumption of daring to risk a violation of the sixth commandment. Not for himself, but for others, does he put forth, under aroused anxiety, vigorous exertion to elaborate and present to the people a criterion to protect them against false reliance and dangerous dependence.

Thus far, effort to establish a criterion has failed. The truism of Hippocrates, "*What is done in ignorance, cannot be said to be correctly done, even if results are favorable,*" is not appreciated, and is too difficult of application to be of general advantage. Reputation for success is the key note sounded by every one interested in increasing the number of patients on the visiting lists of any practitioner of medicine, as well as published in pamphlets and in the advertising columns of the newspapers, by mere confidence mongers and charlatans, with the like effect of sustaining both the competent and incompetent administrators. But it is impossible for the public to judge correctly of the success of any practitioner. Minor says, "The most unsuccessful *accoucher* I ever knew, who probably destroyed more *unborn* infants than any other ten practitioners in Connecticut, flattered himself and his employers, that he was peculiarly skillful." The public never think of the fact, that, by chance, one practitioner may have a number of very malignant cases at a particular time, while the cases of another with whom he is compared, are all mild. Or, with the public, death is the evidence of non-success, and recovery of success; yet, it is true, that the seemingly most simple attack may prove beyond the skill of the most sagacious physicians, and, that cases apparently desperate, sometimes recover, though the most injudicious, even bordering on pernicious, plan of medication be employed. Hence, the ground for an observation made by Dr. Johnson, in his life of Akenside: "A physician, in a great city, seems to be the mere plaything of fortune; his

degree of reputation is, for the most part, totally casual ; they that employ him, know not his excellence ; they who reject him, know not his deficiency."

The criterions attempted by the American Medical Association are deficient. These are graduation, and the observance of the code of ethics. This body has legislated for ten years, and has doubtless effected very much good, known and felt amongst the physicians who esteem honorable recognition by confreres and compeers as desirable. But has that legislation resulted in restraining college faculties from bestowing the certificate of attainment and of merit, less freely than was their wont before the organization of the Association? Are not, relatively, as many diplomated doctors now, without the preliminary education and essential qualifications demanded by the resolutions of the Association, as passed the ordeal of examination, or encountered the green-box exhibitions, as before the formation of the great Congress of the Medical Republic? Is the diploma to-day anything more than it was ten years ago—simply a certificate that its possessor had passed the curriculum—had attended two full courses of lectures, and perhaps a clinic—had written, or at least presented, a thesis on a medical subject, and gone through a prescribed form, called examination, and therefore was given a diploma? Or, if it is really anything more, has the action of the Association succeeded in making the possessor of a college parchment feel, that it is but a letter of admission into a corps of persevering and zealous laboring men, and not a *carte blanche* of vain boastings, and arrogant assumptions of superior attainments, and special privileges, and peculiar gifts?

The points have been interrogatively expressed, for the purpose of giving them more distinctiveness, but can be answered in a paragraph. The resolutions and actions of the Association have been good in intention, but wholly inoperative, as regards winnowing the profession; for want of observance by individuals and faculties and societies, of the resolutions, recommendations and edicts, is almost as common as occasion gives opportunity, and violations of the code of ethics are as seldom made a matter of trial, as the impending punishment—expulsion from the privilege of council and

consultation—is weak, even to inefficiency, in preventing offense. And this is so far true, that language, published twenty years ago in an English periodical, is as applicable now as when it was fresh from the pen with which it was written :

“As to the degradation of medical rank generally, we see nothing of it but what arises from the self-degradation of individuals. Medical men, who conduct themselves properly, and practice their profession with honor, zeal and liberality, will always obtain their due level in the estimation of society, and receive a full share of that respect which is paid to integrity and merit—and which *ought not* to be paid to anything else. But when we see *the mean and base acts which are daily practiced by some of even the higher order of medical men* to gain popularity and fill their pockets, we cannot wonder, that the more intelligent and discerning portion of the community should occasionally detect such maneuvers, and thence form an unfavorable opinion of an otherwise learned and liberal profession. *This is the great source of mischief*, and we fear it will long continue so.”

CONSULTATION.

The constitutions and by-laws of medical societies in the United States, forbid holding consultations with any practitioner, who does not implicitly respect the ethics of the American Medical Association. This is well ; but it remains for the public to be correctly informed as to the demands, and their reasonableness, of the code of ethics, otherwise what influence for good can such an inhibition have, if the people continue to extend support to the offending members? If the people do not apprehend, that any violation of that code cannot, and will not be perpetrated, except by men unworthy of confidence and support, because of professional or moral disqualification, those against whom the weight of the resolution will fall, will cry persecution, and arouse a furor of sympathy in their favor, that will inevitably force them into professional acts and high social position. The denunciations of the American Medical Association will be used by the designing men in contest, as agents for their own advancement in successful trickstering, until the people, to whom they look for succor and rely for support, apply the rod which will arouse them to an effort to become physicians, and to deport

themselves as physicians. This rod is nothing less than a full and positive withdrawal of that countenance and confidence which furnishes pecuniary return.

The public is not apprised, that in view of enlightened and conscientious practitioners of medicine, consultations are a privilege, and, at times demanded, with their equals, by the most justly distinguished amongst physicians, and never regarded as savoring of individual inferiority in those who ask for, or of individual superiority in those who are called into, consultation. A behest of the ethics of the American Medical Association is :

"Consultation should be promoted in difficult or protracted cases, as they give rise to confidence, energy and more enlarged views in practice."

How far the people sustain those who attempt to obey this section of the ethics, can always be judged by the frequency of consultations, and the freedom of intercourse between physicians at the side of the wounded, and in the chambers of the sick. The practitioner who effectually ignores the existence of the edict, by seldom, if ever asking for consultations, if indeed not uniformly discountenancing them, is aware of his own incompetency, or is vainly confident in his own incomplete, if, in truth, not meager attainments, and the people who sustain him, are subjected to imposition, and give ability to an extension of the imposition, even to essential, though not legal, criminality. But the teachings on this point are not confined to mere statements of general laws, but special points of practice are designated as improper, except under very peculiar circumstances, unless determined otherwise by consultation. Thus, the uniformly expressed opinion of the most extensive obstetricians, and therefore, the best teachers of the art and its principles, is adverse to the employment of instrumental aid in any case of labor, without its necessity has been determined by a properly constituted consultation. And yet, how many practitioners, without a moment's hesitation, and on their own individual responsibility, apply the forceps, or perhaps more frequently, the instruments which destroy the child?

It is believed that the public will correct such evils, if it

can be impressed with the fact, that the highest authorities denounce such procedure. If the public will but appreciate the character and opinions of such men as Lee, Collins and others, so soon as a practitioner announces the opinion, that his patient, to be delivered of her child, requires instrumental aid, if he does not suggest, the friends will demand, that another obstetrician, equally as responsible, be summoned.

Lee says to his pupils: "In all cases of protracted and difficult labor, in which you consider it requisite to employ the forceps, or to perform the operation of craniotomy, or *any other* operation in midwifery, you will promote your own peace of mind, and professional interests, and the *welfare of your patients*, by previously consulting another experienced practitioner, whenever it is practicable to do so." And he enforced his precept by practice, for in one hundred and twenty-seven cases of difficult labor, in which he found it necessary to deliver, by opening the head, there was "not one in which the operation was resorted to without a consultation, and the necessity and propriety of the measure fully admitted."

And Ramsbotham says: "As soon as a necessity for instrumental interference appears * * * narrow policy might perhaps whisper to us, that we should not necessarily throw our character into the hands of a neighboring, probably a rival, and perhaps not very friendly, practitioner. We may be led to argue, that we are giving him an undue superiority, that he may be tempted to take advantage of the confidence, we repose in him, to worm himself into the good graces of our patient, that he may blazon it abroad, he was consulted in a case so difficult, that we were incompetent to its management, and that to his judgment and dexterity, the safety of the patient was to be attributed. A selfish and narrow minded feeling might prompt us to reason thus; but I should hope there are few men in the profession, who would be guilty of such a breach of professional etiquette, not to say of honor, as is implied in this suspicion. But suppose it probable, that the person we consult may take advantage of our confidence, and endeavor to supplant us by specious misrepresentation; still I would recommend, that, strong in our

own acquirements, in the integrity of our intentions, and the propriety of our conduct, we should disregard the ill natured aspersions, which envy or malice may circulate to our discredit, and not allow any petty jealousy to prevent our availing ourselves of the opportunity offered; provided, indeed, the loss of time which must elapse in seeking assistance would not endanger the woman's safety."

Churchill tersely remarks: "It is, I believe, an axiom in which I fully concur, that no operation should be attempted without consultation, if it be possible to obtain one."

Collins, who was concerned as obstetrician in sixteen thousand six hundred and fifty-four births, says: "A prudent use of instruments in the practice of midwifery is of great importance, but the necessity of freeing our patient from impending danger, should alone induce us to resort to them. In every instance, where practicable, previous to doing so, it is desirable a second physician should be consulted, in order to satisfy both the friends of the patient and ourselves, that we are doing what is essential for her safety."

If the public can be put in possession of such opinions, and the character and the ability of the men who expressed them, the frank, candid, gentlemanly and conscientious physician will be so much favored, that the resorts at present relied upon by the ignorant, the smatterer, and the practitioner of mere personal observation will avail nothing—they will be "as sounding brass and tinkling cymbal," and they who now successfully apply them, will have to seek others, or hang their harps upon the willow. And then consultations will become dignified, and as common as they are now rare; and then, and not till then, will resolutions of inhibition be effective.

NEW YORK MEDICAL SOCIETY.

The New York Medical Society met at Albany on the sixth of last month. Sat three days. The time was mostly spent in hearing and commenting on papers appertaining to surgical and medical matters of interest. All the transactions and papers of that Society are published at the expense of the state. It has a tendency to call out recorded experience, to

stimulate research, to develop and give character to the profession, and, of course, is indirectly, if not directly beneficial to the whole community. Would it not be wise for the profession in this state to unite in an earnest petition to the legislature for a like law.

A committee was appointed to draft resolutions expressive of the feelings of the profession, at the death of the eminent surgeon, Valentine Mott, and a resolution urging their state legislature, in view of the approach of cholera, to pass a general health law—a subject worthy the attention of all legislatures.

No essays were offered for the "Merritt cash prize" on "chronic diarrhea," now doubled by the accumulation of two years. This is surprising, as that disease raged so extensively in the army, and came under, and called out such variety of views, causes, pathology and treatment, with the modifying influences of soil, vegetation, climate, on land and on fresh and salt water, etc., with such splendid opportunities for studying in hospital practice, every stage of the disease, where the advantage and disadvantage of every kind of treatment could be fully tried, and the deaths accounted for by post-mortem examination.

The body received invitations from the governor and officers of state to visit them.

It is to be hoped that all State Medical Associations will be, in due time, in a like healthy condition.

EXCHANGES, ETC.

Copies of the following named Journals have been received to the address of the *Medical and Surgical Monthly*, and placed as constituting its exchange list. The editors of the *Monthly* appreciate the promptness exhibited on the part of these Journals, and desire others to imitate the example. We hope for a long and pleasant intercourse through these printed pages: Richmond Medical Journal; Chicago Medical Journal; Medical and Surgical (Phil.) Reporter; St. Louis Medical and Surgical Journal; Buffalo Medical and Surgical Journal; New York Lancet; Canada Medical Journal and Monthly Record, Montreal; Chicago Medical Examiner; Atlanta Medical Journal.

We have also received a Catalogue of the Officers and Students of the University of Michigan; Reports of the Directors and Superintendent of the Washingtonian Home, Boston; Introductory Lecture, Atlanta Medical College [of Georgia, by Thos. S. Powell, M. D., Professor of Obstetrics, etc.; Second Annual Report of the Board of State Charities, 1866, Boston, Mass; Report of Tennessee Hospital for the Insane, W. P. Jones, M. D., Superintendent.

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MISCELLANEOUS.

TETANUS.

READ, BY APPOINTMENT, BEFORE THE MEDICAL SOCIETY OF
MEMPHIS, TENN., APRIL 5TH, 1866, BY J. W. PHILLIPS, M. D.

We may define tetanus to be a disease, which consists in a permanent contraction of a part or all of the muscles, without alternations of relaxation, notwithstanding the occasional appearance of partial, or seeming relaxation, especially in the more spasmodic forms, and trismus nascentium.

This disease is usually characterized by closure of the jaws, rigidity of the muscles of the same, with difficulty or impracticability of deglutition, accompanied with rigidity of the limbs and trunk, which is sometimes curved forward, constituting emprosthotonos, or backward, opisthotonos, and occasionally to one side, pleurothotonos; of these varieties, during an experience of twenty-five years, I have seen but one; namely, opisthotonos.

Very often, the muscles of the jaws only are affected, constituting what is usually known as trismus, or lockjaw; and when applied to infants, as trismus nascentium.

Although tetanus may occur as a simple or idiopathic disease, in consequence of some morbid impression made upon the constitution, yet, by far the most frequent and formidable attacks follow as a symptom, from some wound or injury, and is, therefore, called traumatic tetanus. Nor do I remember to have seen more than two cases, that could not, either immediately or remotely, be traced to some injury inflicted

upon the individual, however slight, or even imperceptible, when the disease became manifest and decided. This brings me to remark, that while the disease may, and often does originate from some extensive lesionary injuries, it is not unfrequently superinduced by a simple puncture or abrasion. A striking instance of the latter occurred under my observation, on one of the large plantations in Madison county, Miss., some twelve years ago. A yellow boy, some eighteen years of age, while walking through a weed field, was pricked by a broken weed, near the knee joint, which, though very slight in appearance, gave him considerable pain for awhile. I was called to see him about the eighth day from the occurrence, in consultation with Dr. J. P. Thomas, a physician of more than ordinary reputation, who informed me, that the boy had then been suffering some twenty-four hours with tetanus, brought on, doubtless, by the slight injury alluded to. In a short time he died of the disease. So of another negro man, some fifty years old, living in the immediate vicinity, very soon after, who had the bottom of his foot punctured by treading upon a nail. So trifling was the injury, that when called to see him, the precise seat of the injury could neither be seen or defined with certainty; and yet he died of tetanus.

In this connection I would remark, that from all I am able to learn, the disease seems to be more common, as we approach the tropics; and, indeed, I have known it prevail so extensively in the south, as to give it the appearance of an epidemic; for at some periods, the least, as well as the most extensive injuries, would produce the disease, while at other times, injuries, however extended or common, might not be followed by tetanic results.

It were needless for me here to state, that but few cases of tetanus ever recover, and when they do, a large majority of such recoveries are of the idiopathic, and not the traumatic type. Two recoveries only, in my own practice, which I may here say, (I hope not arrogantly,) has been anything but limited, ever recovered; and one or both of them were idiopathic cases. I have read and heard of numerous recoveries in the hands of others, but in my own experience and practice, I have not been so fortunate; nor have I witnessed it in the cases of others, and conclude that recoveries are exceedingly rare, so much so, that it may, indeed, be regarded as the opprobrium medicorum of our profession; and this is more especially in reference to trismus nascentium, as I never knew one instance of recovery from an attack of it, though I have seen many. I believe, invariably, in this form of the disease, there is a *punctum saliens*, and that near the umbilicus; hence, I should call the

disease trismus nascentium traumaticum. Indeed, from many years' observation, I am fully convinced, that the healing up of the umbilicus, or some injury done the nervous extremities in that vicinity, is the main cause of the disease, and was not apprised, till since your requisition upon me to furnish this essay, that the authorities did not generally attribute the origin of this disease, to this cause. So common was the opinion, not only among physicians, but old women even, of my section, that when a child died about the seventh or eighth day after birth, the question was generally asked by them: "If the child died with naval disease?" believing, from coincidence, that the healing of the umbilicus had much to do in producing the disease.

In the West Indies and South America, it is called the nine days fits; but in this country, the disease comes on much earlier—in a large majority of cases on the fifth day.

Trismus nascentium occurs much more frequently among the negroes of the south, than the whites, owing to improper management of the umbilicus, on the part of negro midwives and nurses. This, then, we believe to be the cause of the disease. But Dr. Sims, of Alabama, quoted in the American Journal of Medical Sciences, and also by Bird and Longmore, gives it as his opinion, that the disease is brought on by displacement and pressure of the occipital and parietal bones upon the nervous centers; and that if the proper position of the infant be attended to, nature will correct the evil. He attributes this depression to neglect or want of attention from the mother, who, he says, is sent to the cotton field at an early period after her confinement, and the child permitted to lie too long in one position. This conclusion would not be worthy of refutation, but for the fact, that the Doctor's statement has been copied, and hence endorsed by several late medical works. Now, it but remains to show the folly and injustice of this theory, by stating, that it was a universal law among the planters of the south, to give the lying in woman, the benefit of the first month of her confinement; and the man would have been regarded brutal, who would not have granted this little dispensation to his slave. And mark you, the disease never occurs as late as the month after confinement, but, as we have already stated, from about the fifth to the ninth day. We agree with Dr. Sims, that trismus nascentium is sometimes so common, as to give it the appearance of an epidemic, so that numbers of deaths occurred in a community in a short period, owing to some unknown peculiarity of the atmosphere, which then favors its development.

Whether the disease, then, be caused by ligature of the cord, inflammation of the umbilical vein, or nerves, or,

as some think, meningeal and spinal hemorrhage; or whether the latter be regarded as an effect of the disease, in whatever light we regard the *cause*, the *result* is, I presume, universally the same, *death*. The cause, then, apart, we accept the following as illustrative of its real character:

A fixed, central irritation in the spinal cord, nervous affection or disorder, established between the *punctum saliens* and the sensorium commune.

The cause of idiopathic infant lockjaw is enveloped in obscurity, if such ever occur, which we very much question.

Recently, a new work published by T. Longmore, Esq., professor of military surgery and inspector general of English hospitals, styled a treatise on gunshot wounds, and which was placed in our hands while writing this essay, takes the ground already occupied, that the number of cases and proportion of deaths in tetanus, in every form, are much greater as you approach the tropics.

This author thinks the most common cause of traumatic tetanus, to be the local injury to the nerves, producing irritation along their course, and so leading to some morbid condition of the ganglionic portions of the motor tract of the spinal cord. We are informed by Dr. Scriver, that not more than thirty cases occurred in the French army during the Crimean war. This is said to be but little less than the number that occurred in the British army, during the same war.

In the South during the late war, I am sure the number of cases was five times as great, in proportion to the number of soldiers in the field; the French army being only about eighty thousand in number, while in the south, some three or four hundred thousand strong, and hundreds of tetanic attacks, as shown by the surgeons' reports.

Treatment.—Upon this head we may remark, that time has made but little change or improvement in this respect. Opium and mercury, in some form, and the warm bath, constituting the main features, with variations as numerous as the order of minds, or the fancy of pretenders.

In my own experience, I have nothing new to offer, notwithstanding I think, that I have seen not less than ninety to one hundred cases in twenty-five years, including all varieties, and only two recoveries, and those idiopathic, or one at least, as already stated. Sir G. Ballingall calculates one recovery in seventy-nine. [See Longmore's work.]

Dr. Harrison, of this place, has furnished me the history of a very interesting case, which he treated successfully in 1854, while a student of medicine in the office of Dr. Hays, a very eminent practitioner in Columbia, in this State. The individual was a hack driver, and while using his wrench, it

was broken and a fragment driven into the palm of the hand. In about two weeks thereafter, Dr. Hays was sent for, who sent his student, Dr. Harrison, in his place. The Doctor found the case to be one of well developed tetanus, and instituted the following treatment:

First.—He dissected the fragments of iron from the cicatrix, and applied a poultice of slippery elm and spirits of turpentine, gave morphine and mercury, with occasional warm baths. This treatment he pursued and pressed, and at the close of the nine days, had the surprising pleasure of announcing his case entirely relieved, notwithstanding his preceptor, with two other physicians, visited his patient with him during his illness, and pronounced his death as a certainty. The Doctor attributes the cure mainly to the action and controlling influence of mercury, to which his patient manifested great tolerance. The morphine, he thought, acted only a temporary part in the treatment. I regret that I have not the time or space to copy the Doctor's notes in full, as I found them very interesting.

Dr. Mallett, who had just returned from St. Petersburg, Russia, visited the case, also, with Dr. Harrison, and stated to him, that while in Copenhagen, Warsaw, Berlin and St. Petersburg, the surgeons in charge of hospitals in these cities, informed him, that lobelia was the most potent agent, to which the profession could appeal in spasmodic lockjaw.

A Confederate officer of distinction, and now one of the editors of the Appeal, gave me the history of a case of traumatic tetanus, which occurred in Virginia during the late war. The man was shot in the foot, from which he took tetanus, and was successfully treated with chloroform by Dr. A. R. Means, of Virginia.

Dr. C. K. Jemison, a well known physician of Holly Springs, Miss., at present residing near this place, informs me of a case of cure of traumatic tetanus, by administering some half a gallon per day of good strong whisky, and persisting in its use, keeping the system entirely relaxed for days.

Dr. Jemison has kindly called my attention to a publication on this subject, made many years ago in a London Journal, and republished by Hodge, Bache & Coates, of Philadelphia.

While the English government was interested in the raising of negroes in the West Indies, the number of deaths from trismus nascentium became so numerous, as to induce the authorities to offer a prize for the best essay that could be produced, upon its prevention and treatment. One of the leading surgeons, believing that precaution was not only the best, but the only successful treatment, furnished an essay after several years' practice, which secured the prize, and

enabled him to retire to England with ample provisions for his future comfort.

This treatment, or rather prevention, was never to divide the umbilical cord with anything but a razor, and that, the father's razor or some kindred or friend living near by—not that there was any magic or enchantment in the razor, but the negroes, being superstitious, would think so, and thus a razor regularly used, without rust, and a smooth cutting edge would be used, and a smooth division of the cord effected. Dr. Jemison further stated, that he had rigidly adhered to the use of the razor for upwards of twenty years, with scarcely a case of trismus nascentium in his own practice, but was often called to those of others.

In conclusion, I would add, that for ordinary traumatic tetanus, amputation, when practicable, has been recommended above the point of injury, with some prospect, I think, of success, if performed in time; but the difficulty to be overcome, would be to know beforehand, which cases would certainly develop tetanus in absence of the amputation. The employment of woorari or curare has again been brought into notice, by its successful administration in Europe—a very energetic vegetable poison, employed by the South American Indians to poison their arrows in battle. It is thought to contain the venom of serpents, as its main ingredient. Be this as it may, we have much to learn and accomplish before we can justly lay claim to anything like a knowledge of a successful treatment for *tetanus*.

All of which is respectfully submitted.

CRANIOTOMY AND EVISCEROTOMY.

BY A. WEBB, M. D., OF NORTH MT. PLEASANT, MISS.

Robert Lee, M. D., F. R. S., one of the great obstetricians of the city of London, published a "clinical midwifery, comprising the histories of cases of difficult preternatural and complicated labor." This work passed the second edition, when it was reproduced in America—a fact sufficiently demonstrative of the value attached by careful practitioners everywhere to a record of mere observation. Almost every journal contains somewhat similar reports of cases, but taken from the books of hospital wards; seldom, by far too seldom, from the observation of practitioners in private families, either in thickly populated towns, or in the country.

I propose to make an installment of observation from a

country location, which, I hope, will serve, if nothing more, to make up an aggregate, definitely determining a course of treatment, or helping to guard the conclusions of practitioners against false reliance.

On the fifteenth of February, 1866, I was called by Dr. Jarrett, to see Mrs. T., a delicate, nervous female, about sixteen years old, in her first labor, at term. I was informed, that slight parturient efforts had begun early in the morning, and the pains had gradually increased in frequency and intensity, until about ten o'clock, A. M., at which time she was seized with strong convulsions. Since then, as at five o'clock, P. M., the hour of my first seeing her, the convulsions returned at each succeeding pain. During the intervals, she tossed herself about, uttering incoherent sentences; had a quick and irritable pulse; surface cold and moist; genitals moist, and in good condition for the labor; presentation vertex, left, of Prof. Meigs, low down; pains frequent, but occasioning no advancement.

Dr. Jarrett had bled her, and attempted to apply the forceps before I reached the house. Her condition and temperament forbid further resort to blood letting, and it was deemed best not to attempt again the forceps. We were convinced by the increased frequency of the pulse, and stertorous breathing, that the labor must be terminated very soon, or the patient would, inevitably, die. We concluded to institute craniotomy. I had not been apprised of the nature of the case, I was about to see, before I left home, and, therefore, had not come armed for the revolting duty which now devolved upon me. I had no such instruments as Smellie's scissors, with cutting edges on both sides of the blades, preferred by Ramsbotham and Davis, nor the perforator of Naegele, with cutting points diverging, when the handles were closed, recommended by Rigby. I had no instruments specially designed for an obstetrical procedure, and the patient's condition did not admit of the delay that would be necessary to obtain them from a distance. There was a dental chest in the house, and from the many curiously shaped instruments it contained, I selected one resembling a small chisel, with which I made an opening in the cranium of the child. I enlarged the opening with a pair of scissors, and removed as much of the brains as possible, occasioning a very considerable reduction of the head; and then, using, in the place of a hook, my fore and middle fingers placed under the projection of the petrous portion of the temporal bone, succeeded in effecting a speedy delivery.

After the delivery, the convulsions continued to recur at gradually lengthened intervals, until ten o'clock the subse-

quent day, when they ceased. We used such medicines as every practitioner is familiar with, as proper in such a contingency. She had a quick recovery.

We were satisfied before we begun the operation, that the foetal life was gone; but we did not "perform craniotomy, because the child was dead, but because the mother's life was in danger, and the delivery could not be completed by other means, less safe to her."

Second.—Negress Ginny was taken in labor on the twenty-fifth of March, 1866. Dr. Shofner was called on the night of the twenty-seventh, and after a few hours of observation, sent for me. She had given birth to ten children. On my arrival, she was having as strong labor pains as I ever witnessed, and, for a woman who had been in active labor so long, her symptoms exhibited a good general condition. On examination, I found a right shoulder presentation, face looking forward, with a prolapsed cord, and hand in the vagina, and the womb as firmly contracted, I think, as possible. The midwife, who had been in charge, reported the water to have escaped twenty-four hours before this examination; but, of course, no reliance should be placed upon the statements of those who are not capable of distinguishing an escape of the uterine waters from a gush of urine. The firm contracted uterus, and impacted position of the foetus, rendered an effort to turn impracticable. The foetus was dead. We did not hesitate in determining to eviscerate. I introduced a perforator under the arm, and penetrated the chest; then introducing a hand, I, successively, removed the lungs, liver and portions of the intestines; and afterward, by grasping the body, I caused it to perform an evolution, identical in mechanism, to a spontaneous evolution, and the labor was completed without more difficulty. She had a good time afterward.

We performed eviscerotomy because the child was dead, and because there was no necessity to try the powers of endurance in the mother any further; no necessity to test her vital capacity to any greater extent.

ABNORMALITIES OF VACCINATION.

BY FRANK A. RAMSEY, M. D., MEDICAL DIRECTOR OF THE
(QUONDAM) C. S. A.

It is, after conference, regarded as proper for the following letter to be published. The subject matter of which it treats, was one of exceeding importance and interest, almost

from the incipency of intestine strife, in the southern states, but has not yet had, in the professional periodicals, any exhibition of the attention it elicited, or any declarations of results of observation, or of investigation.

I do not deem it necessary to defend now, the course of thought taken in the letter, written under the peculiar circumstances connected with the period at which it bears date. It has, however, a reference to a particular opinion, which I would not at any time, or under any circumstances, support in a strictly professional disquisition; that opinion had been hastily expressed, in the midst of official business, and for the purpose of producing a particular effect, which I honestly judged to be proper and best in the exigency.

Effects, very nearly resembling *rupia*, followed vaccination, with presumptively pure virus, in so many instances, as induced the surgeon general, to appoint medical officers, connected with the southern army, to the duty of tracing, if any, the connection between syphilis and vaccinia; and the prosecution of this duty gave occasion to the letter, now presented in the hope that it will lead others to record their observations, experiences and reflections, on the same subject; and with the intention, on the part of the writer himself, under other and more favorable condition, to give the subject further consideration :

MEDICAL DIRECTOR'S OFFICE, }
ABINGDON, VIRGINIA, March 20, 1864. }

DOCTOR :—Your note, of March the eleventh, informing me, that you had been appointed “chairman of a committee on the relation of vaccination to syphilis,” and making reference to my “report of last year,” and asking me for “any further information relative to spurious vaccination,” has been received; and I take the first opportunity, offered in the performance of official duties, to reply.

I have no facts, which have occurred within the field of my own observation, directly relating to the subject, as stated by you; but, with your permission, will continue writing, until I have given you something of the operation of my mind, occasioned by your note.

I thank you for the honor you have done me, in preferring the request, and in the reference you have made to, I presume, a letter written by me, to a surgeon at Chattanooga, a copy of which I deemed proper to forward to the Surgeon General. That letter was written, as I now write to you, *currente calamo*, and though I preserved a copy, it was left at Knoxville, and has doubtless fallen into the possession of the enemy. I am, therefore, prevented from making reference to it, as I am debarred from any ability to consult authority,

or to refresh my memory, as I should, and would do, if differently situated. But, if I correctly remember, the letter was not of such a character, as to convey an idea, that the observations were of cases of spurious vaccination. Indeed, the basis of the letter was furnished by observations of results, or effects following the introduction, or inoculation of vaccine virus undoubtedly pure. And though the results or exhibits were in their course, certainly not such as ordinarily present from vaccination, or as are usually recognized as essentially cow-pox; yet observations were not sufficiently numerous, or continued for a time long enough, to determine whether any, or the same degree of immunity from smallpox was occasioned in subjects thus affected, as in those who presented the ordinary course of the cow-pox disease. There were, however, practitioners of medicine, who were esteemed, by communities in which they labored, as capable observers, who affirmed that these subjects were as free from liability to smallpox, as those in whose economies the vaccine disease had exhibited nothing unusual, in deviation from its regular course. If, then, the scab was undoubtedly a pure vaccine scab, and the effect was perfect, or relatively perfect, immunity from smallpox, notwithstanding there was nothing observed from the application of the virus, until the production of the ultimate effect, at all like vaccine disease in progress, the disease, I think, cannot properly be termed spurious. To be spurious, the vaccine virus must not be in the scab, or the effect must be an absence of any protective energy having been impressed on the economy into which the scab had been introduced. Varioloid consists of exhibits in course, differing from variola in course, yet no one, I presume, would feel himself justified in terming it spurious smallpox, because it is known to proceed from smallpox virus, will communicate smallpox, and leaves the economy it has affected, impressed with immunity from future attack of smallpox. Varioloid is, then, not spurious smallpox, but smallpox modified in its exhibits in progress, through an economy previously impressed by the operation of the virus of cow-pox. Here the modifying cause is known.

So by analogy, the cases which gave occasion to my letter of last year, were, each, an instance of modified cow-pox. The matter was obtained from Nashville, Tenn., from Atlanta, Ga., and from Richmond, Va., from surgeons of reliability, and the same results were observed to follow upon the introduction of the several matters, in some instances regular vaccinia, in others abnormal exhibitions; indeed, in many an approximation to the regular exhibition of original poison from cow matter, could not be discovered. And pro-

fessional men, who were not destitute of reputation for capacity, affirmed, on the strength of observations sufficient to satisfy them, that the economies thus affected, were impressed with immunity from smallpox, as though they had passed through cow-pox in its regular exhibitions.

True, to make complete the analogy I have instituted, it remains to establish by experiment, that true vaccinia in its regular exhibitions, in one instance, or more, can be produced by the inoculation of matter from one of these economies. Which experiment, however, I will leave to some one with more curiosity and temerity than I have, feeling satisfied myself, that they were cases of modified cow-pox. But in these instances, the modifying cause is unknown. It must, however, have obtained an union with cow-pox matter, in its passage through an economy peculiarly affected, and, therefore, resided in the scab, not altered from its ordinary physical appearance, because, as yet, not sufficiently imbued with the acquired and modifying contagion. Or, it must have been a peculiar condition of the individual economies, into which the vaccine virus was introduced. Or, it must have been telluric or celestial relationships sustained by the particular persons affected; or, as Sydenham's comprehensive term is applicable in giving expression to such relationships—"the epidemic constitution."

In my previous letter, I believe, I advanced this last, as sufficient to account for the abnormalities which had been observed. It is the more easily assumed, and probably the more easily sustained position. I will, however, not undertake to defend it here, for, notwithstanding my great respect to the "epidemic constitution," when I am at the bedside of a patient, I can, when I am reflecting, readily comprehend, that either one or all the positions may be defended, as the source of cause in its influence modifying cow-pox.

Will vaccine virus become possessed of capacity acquired in its passage through an economy peculiarly diseased, to propagate such disease in other economies? The question thus stated, will, in some degree, embrace the relation of vaccination to syphilis.

Whether there is truth or not in the doctrine which has been promulgated, that two distinct contagious diseases cannot exist at the same time, in the same economy, 'tis not amiss to make reference to it here; for if it is not true, the fact does not justify the assumption, that two poisonous causes cannot be introduced into an economy at the same moment, one having the office of vehicle for the other—does not justify an assumption, that two poisonous causes in the same economy, at the same time, can occasion no modifica-

tion, each of the other, or the one of the other—and if it is true, the fact of modification is at once established. More directly assertive of the virus acquiring a modifying capacity, even to the complete destruction of original physical appearances, and exhibitions of effects, is the idea suggested during the year 1800, by Richard Dunning, surgeon, Plymouth-Dock, that “the vaccine disease, united with some other virus, may have afforded the more active affection of variola.” Dunning’s reviewer, from whom I received my information, says, “the hint deserves some attention, as a point of speculation, which cannot be subjected to the test of experiment.”

I only make reference to it as an assertion made long ago, that one virus may be modified by another; for I do not regard the poisons of variola and vaccinia as being at all identical. This, I think, is evident, if there is truth in the following statement: Smallpox and varioloid will produce smallpox, but never cow-pox. Cow-pox will produce cow-pox, but never smallpox, or varioloid. Cow-pox will prevent the occurrence of smallpox, or mitigate its severity, and lessen its mortality in the human economy. Smallpox having occurred in the human economy, is not preventive of cow-pox, if its poison be introduced by inoculation. Cow-pox, reproduced in the human system, inserted into the teat of the cow, will produce cow-pox. Smallpox, similarly introduced into brute animals, will not produce smallpox. This last assertion is made by Wm. Woodward, M. D., London, 1800, and by others, perhaps before, and several times repeated, since; and within the past two years medical officers in the service have attempted, at Greenville, Tenn., to occasion smallpox in a cow, in one instance, and in a calf in another instance, using matter taken from a case of confluent smallpox, then under treatment, and inserting it under the cuticle, and introducing it into the stomachs, mixed with food, and without any bad effects whatever, or any disturbance of the health of the animals. I am aware, that observations have been published, seemingly different from this, but there is a want of explicitness in connection with their relation, which justifies a doubt of authenticity. But this, if you please, by way of parenthesis.

The most insidious of contagious poisons affecting the human economy is, probably, the syphilitic. It has, doubtless, occurred to almost every practitioner, to observe cases in which the subjects were known to have been treated for syphilis, and afterward, to have exhibited for many, very many years, entire health, when occasion, known or unknown, presented, and they offered themselves for treatment,

affected with disease which the physician pronounced to be syphilitic, and which could not be cured, except by the administration of anti-syphilitic agents. The poison had remained latent, or dormant for these many years, only awaiting circumstances, or conditions, favorable to the exercise of its capacity to affect. I had under my charge, for twenty years, a family, the children of which were generally healthy, whose father was treated for syphilis from the age of nineteen to twenty-four; since which, he has enjoyed good health, seemingly, in every particular. His children, however, were frequently attacked with illness, deemed sufficient to require my professional attention. No odds, how simple the attack, even though, when I first called, the evidences were nothing more than those of slight catarrh, I have never known them yield, or mitigate, until one dose, or more, of a mercurial—generally calomel—had been administered. This I have ascribed to the presence in their economies of the syphilitic poison derived from their father, and exerting an influence retarding healthy developments, or preventing the disappearance of symptoms of diseased action, not in themselves syphilitic. The cases cited in “Montgomery on Pregnancy,” bear well on this point: A woman married a man with latent constitutional syphilis. She became infected, which was first exhibited at conception, or in miscarriage, followed by secondary symptoms of syphilis. A woman contracted syphilis, was treated and recovered. A considerable time afterward she married. One, two, or three children were born, all affected with syphilis. The husband died, and the woman married again, a healthy man; and to this husband, children were born, and all died, except one, affected with syphilis; the exception had mercury and recovered. One of the children communicated syphilis to the woman by whom it was nursed.

But the insidiousness of this contagion is more strongly exhibited in another case, cited by Montgomery. A woman, whose husband had constitutional syphilis, gave birth to a child; which died with syphilis in two months, the mother remaining wholly free from any exhibits of the affection. This husband died, and she married again, a healthy man. Four years after the former birth, she was delivered of a child, which, in a few months, presented the same syphilitic appearances manifested by the child of the first husband.

If these instances are, as observers affirm them to be, true, how little effort does it require for the mind to conceive the probability of a vaccine scab, having acquired the capacity from an economy, affected with syphilis, to propagate that disease? If a woman can remain in health, after sexual con-

gress with a man affected with latent constitutional syphilis, and yet years afterward, give birth to syphilitic children, begotten by a healthy man, it is within the bounds of legitimate assumption, to affirm that syphilitic exhibits may be manifested in an economy, by the introduction of vaccine matter, taken from an economy tainted with syphilis, even though it is in that system in latency, and had never been developed.

Two of the cases which gave occasion to my letter of last year, were ladies whose husbands occupied prominent and responsible positions in society. Neither the husbands or wives were at all under suspicion of immoral taint. The wives were vaccinated, and for many months were affected with ulcerations, which, under other circumstances, would have been, without hesitation, pronounced to be syphilitic rupia. They came under the care of Act. Asst. Surgeon Meadows, then, as now, in charge of smallpox hospitals in this department. He put them on the use of bi-chloride of mercury, and they both recovered in ten or fifteen days.

Permit me to summarize. Two contagions may be introduced into the human economy at the same moment of time, and connected with the same vehicle; or, one contagion may be the vehicle of another, and each may exert its own influence, produce its own ultimate effects, the intermediate effects being the exhibitions of but one or the other of the contagions having made impression; or, the intermediate effects may be the exhibitions of one poison, which, having passed their course, the intermediate effects exhibiting the presence of the other poison, supervene and pass their course. Syphilis and vaccine. Two contagions, may respectively modify each other. An illustration does not occur to me. One contagion may modify another, and while it is itself not subjected to a modifying influence, exerted by the one it has modified, it may be modified by another contagion. Cow-pox and smallpox, cow-pox and syphilis. The introduction of one contagion into an economy, may arouse another, which has remained dormant, or latent, and unsuspected. Cow-pox and syphilis.

An item relative to the treatment of smallpox.—Act. Asst. Surgeon Meadows, in two cases of smallpox, occurring in children, employed croton oil, applying it on the third and fourth day of the active fever, to the breast, producing full and confluent pustulation. The immediate effect was, certainly unpleasant—very considerable cerebral disturbance, evidently, in its intensity, ascribable to the croton oil pustulation; but he is convinced, that the course of the disease was shortened two thirds, desquamation beginning on the seventh day, in-

stead of during the second week; and that the eruption was one half less than it would have been under other circumstances. He has, also, practiced opening each pimple, just as it assumed the vesicular character, with the effect, he believes, of expediting the process, desquamation occurring one third the time sooner than usual.

I have written, Doctor, hurriedly, but I hope that I have not been so rapid, as to have failed wholly in interesting you, at least for the moment.

Very respectfully, your obedient servant,

FRANK A. RAMSEY,

Surgeon and Medical Director, P. A. C. S.

To JAMES BOLTON, M. D.,

Chairman committee on the relation of Vaccinia to Syphilis,
Richmond, Va.

TREATMENT OF GONORRHEA.

Very few cases of gonorrhea in the male are met with, which will not yield to properly directed treatment in a few days. I have found no difficulty in curing any case of this kind in a few days, by the following mode of treatment: When the case first presents itself, if there be much acute inflammation, I direct a saline purgation to move the bowels freely, and restrict the diet of the patient, to about one half of what he is accustomed to eat. Give thirty drops of the yellow sandal wood in glycerin after each meal. As an injection, so long as the discharge is purulent, I use two grains of the nitrate of silver, to the ounce of water, twice or three times a day. When the discharge becomes thin, and loses its purulent character, I use an injection of two grains of acetate of lead, or sulphate of zinc, with a grain of the extract of opium, to the ounce of water, twice a day. For the painful erections, I prescribe a pill at night, containing two grains each, of pulverized camphor, and extract of lactuca. It is very rare to meet with a case of gonorrhea, which will not yield to the above treatment within the first week. S.

COMPARISON OF NERVOUS DISEASES

CAUSED BY ANIMAL POISONS, AND WOUNDS; A TREATMENT
FOR HYDROPHOBIA AND TETANUS, SUGGESTED FROM ANALOGY;
BY WM. H. WHITE, M. D.

It seems fully established, that all poisons pervade the system through the medium of the circulation, or blood. Believing this theory to be true, and in accordance with reason and philosophy, I shall, in the thoughts I am now about to give to the profession on this subject, or more particularly, upon the pathology, results and indications, for successful treatment of certain virulent animal poisons, especially that of the rabid dog, base my conclusion, so far as the immediate, continued, or resultant effects are made manifest, upon this accepted belief, without stopping to bolster it up, or to prove it to be, beyond a question, correct.

Those who have had the opportunity of making personal observations, and have been called upon, and assumed the responsibility of treating poisoning from the virus of the rattlesnake, or tarentula, have, of late years, become satisfied, that the active and continued use of diffusible stimulants is, not only the best, but the most rational method of treatment. Under it, a safe and speedy termination may be hoped for, with reasonable assurance of a complete cure.

A large proportion, if not all, of the faculty, who have treated such cases, or given the subject any attention, consider brandy, whisky and other diffusible stimulants, as the tiller ropes, by which these nervous diseases are guided to a healthy resolution, whereby death has been cheated, within the past twenty-five years, of many a victim, in a class of cases before thought to be beyond a chance of recovery.

The chief points of the pathology, or rather the development and effects of poison propagated by reptiles and insects, are similar to the poison imparted, and zymotically developed by the rabid dog, and sympathetically similar, in many respects, to tetanus.

In all cases besides the poison introduced from without, or direct—or in other words, the primary poison, there are others, which soon take a prominent position. The functions of the secretory and excretory organs become deranged, and do not properly perform the elimination of their respective excretions. As a consequence, the general equilibrium of the system, or healthy cycle is lost, and the body becomes, through these excessive, diminished, or altered secretions, a source of poison to itself, and contributes to the loss of functions, and toward the destruction of life, by impairing the vital powers

of the energy to throw off the weight already bearing it down.

In other words, the process of self purifying is checked. The great channels, by which the morbid matter continually accumulating in the body, is ordinarily given off, only partially fulfilling their functions. For example—the uric and lithic acids, the alkaline principle of the bile, are retained, absorbed and carried to the brain, and great nervous centers, there acting as foreign substances, instead of being eliminated, as in health. It may not operate so violently, as to lead us, at all times, to say that the system is overwhelmed by their retention; but at the same time, they are capable of, and do give origin to serious derangements, eventually ending in disorders, where, if there were no such deleterious influences operating, that of the rattlesnake, tarantula, or even that of the rabid dog might not develop itself, and would not, if developed, be as difficult to overcome.

In fact, under a different condition, depending on a state of blood, in which there is a deficiency of solid material, a similar class of symptoms may present themselves, requiring a strengthening, and even a stimulating regimen. And again; the blood may contain, at times, matters which ferment, producing chemical changes in the fluids, to such an extent, as to soon change their vitality, and altogether destroy their sustaining and restorative properties.

So, we think, of the train of symptoms produced by the bite of venomous serpents, and of rabid animals. An alteration in the condition of the blood is caused by the fermenting of the poison. The brain, spinal cord and nervous centers gradually give way to its depressing influence.

In all of this class of nervous diseases, it is remarkable, that the cerebrum escapes, and, so far as external signs indicate, is free from derangement, save such as is the natural effect of fear and loss of power, a common result of all racking, debilitating and muscular action—the reasoning faculties remaining clear and active, until the continued prostrating influences wear it out, or perhaps, I might more properly say, until death has marked its victim. During the whole course of each, there is no doubt an undue excitement of the organ, as indicated by the suffusion of the face, the injection of the conjunctiva, the throbbing of the temples, and the full, hard pulsations of the carotid; yet, it does not follow, that, though the paroxysm apparently increased the flow of blood to the brain, as a consequence depletion is indicated, but on the contrary, experience and facts prove, that at least, in those cases of poisoning, from the virus of reptiles and vipers, the only

successful treatment is, giving freely and fully the most active diffusible stimulants—the very remedies, which would, at the first glance, seem to be adding strength to the excitement; while such measures as would directly tend to diminish the activity of the circulation through the brain, such as sedatives, have been found, in the hands of eminent physicians of olden times, to act, not only positively to the injury of the patient, but be followed by death.

It is not over twenty, or perhaps twenty-five years, since the bite of the rattlesnake was especially looked upon, as an awful calamity, meriting the gravest apprehensions, and the commiseration of friends. The medical faculty considered death almost certain. Up to that time, and by many until very lately, the local congestion and inflammation of the parts affected, or the part bitten was considered an inflammation of a sthenic character, and absolutely demanding an active sedative and antiphlogistic treatment; or that the local irritation, and the immediate excitement was the point of danger—the point toward which remedial agents should be centered—the point from which the direct, as well as indirect, cause of dissolution commenced.

This now, is only considered a secondary result, or the effect of morbid reflex action; the brain and spinal marrow and great sympathetic system, being the true seat of trouble, are so deranged and lowered in tone, as not only to require, but to bear stimulation, to an extent surprising to one who has never witnessed their slow and stubborn submission to its effects. But we find, that as their susceptibility increases, the local pain, tenderness and inflammation, as well as general nervous excitement, gradually becomes equalized, and the whole system assumes a healthy action, and recovery soon follows.

To my mind, the true pathological condition of these cases is, mainly an asthenic one of the nervous centers, dependent upon a poison, which has been zymotically developing itself, and continually operating on them, until their natural power to overcome its destructive influence is, in a measure, subdued, therefore, the necessity for stimulants, and the plain reason for so large amount being borne and required to effect the desired end. The complete loss of power to control themselves, and both the immediate and distant reflex perverted action, so strikingly manifested, clearly calls for this continued and full stimulation, as the debility, prostration and periodicity of malarious fevers demand and require active, and continued use of tonics, until the predisposition to take on, and be overcome by its influences is destroyed, or otherwise the system is elevated above its decided and marked ten-

dency to general languor and loss of energy and muscular power.

The remarkable similarity of this class of nervous diseases, or those arising from a poisonous bite, sting, or wound of any kind, is evinced by very many peculiarities in common. The combination of symptoms peculiar to them; depression of spirits, disturbed dreamy sleep, headache, loss of appetite, constipation, vomiting, the skin becoming livid and jaundiced, restlessness, acuteness of the senses, shooting pains from the injured parts, irregular darting pains in other portions of the body; soon followed by a feeling of feebleness and despondency, with, at times, an indescribable twitching and tremulousness of the flexor and extensor muscles, with greater or less tendency to convulsive action of the whole body. This last may, to be sure, only show itself, in some instances, in certain portions of the muscular system, but yet so clearly, as to satisfy the observing mind, that the natural, evenly balanced nervous moving springs are cast, for the time being, out of their regular action; or that, that division of the nervous system, which appears to have for its object to combine and harmonize the muscular movements immediately connected with the maintenance of organic life, is, by some extraordinary reflex action, made to suffer.

Again; the comparison holds good in the parts bitten or wounded becoming swollen, and, after a time, mottled, sensitive and excruciatingly painful, the whole system showing disorder of a febrile character. The pulse being slightly excited, and yet not of an inflammatory character—(just such as is found in every case where local causes excite nervous diseases,) and as the disease advances, the painful spasms and rigidity of certain parts becomes more decided, and more paroxysmal, having remissions, with now and then intermissions; death ensuing in case of fatality upon a complete loss of the equilibrium of the nervous centers, its whole power being centered upon some local part. The thorax is often held as in a vice, by the spasms of the muscles, asthma following, and breathing, for a time, is suspended, or much embarrassed; the heart flags, and exhaustion and fatigue, and a gradual giving away is a consequence of this unnatural, excited action.

In the treatment, as before stated, the profession have, I believe, almost universally adopted, for this class of diseases, because of its happy results, the active and continued use of stimulants, with such alteratives, diaphoretics and diuretics, as may be called for to unlock and remove all extraneous material which may have accumulated and been deposited in the different organs and tissues of the body. Is it not reasonable to hope, that this treatment would, if followed with equal

earnestness and fearlessness of danger, be successful in some cases of hydrophobia, as well as in tetanus, since we have seen that very many of their characteristics are similar; and that, as a whole, the pathological and morbid changes are much the same. If this treatment, or the gorging and saturating, as far as possible, of the patient with brandy, whisky, and other diffusible stimulants, did no good, it would do no harm, though a large amount might be required to bring the subject under its influence, if brought at all.

All other modes of treatment have been unsatisfactory, not even prompting a hope; and the opposite, that of sedatives and antiphlogistics, have only tended to lessen the chances of life. Happily, I can say, it is endorsed by a large majority of the reported cases of tetanus, where cures have been claimed, were accomplished by the free and continued use of stimulants and tonics. The fact is, also, in these cases established, that these remedies are borne with a wonderful degree of tolerance. Prof. F. H. Hamilton, in his late valuable work on military surgery, has placed the profession under obligations for his able treatise on this disease, in which I find most of the cases reported, as having recovered, had been placed under stimulants and tonics, with rich nutritious diet.

In the present number of this Journal will be found a case reported by Dr. Phillips, where a person suffering from this disease, drank as high as a gallon of liquor in a day, and yet its effects were not in any way unpleasant, and the patient recovered. Suffering as patients must from the racking, tearing and irregular actions of portions of the body, in consequence of the perverted nervous energy, in either of these frightful complaints, a large amount would be required to have any control over the rapid loss of vitality, or to hold the general strength up against the strong tendency to dissolution.

In the latter stage of hydrophobia, it might be found difficult to get these stimulants into the stomach; therefore, I would especially urge the use of the brandy, etc., early, without stopping to look at the quantity taken, but to its ultimate results. Even in the most ungovernable stage, I presume, carbonate of ammonia, turpentine and chloroform could be given. As to the local treatment, or the removing of the local causes, I have nothing to suggest. Every standard work, which treats of the disease, is full of wise suggestions.

LEMON JUICE, in the treatment of Diphtheria, has been successfully used, internally in large quantities, as a gargle and by penciling the affected parts—no doubt, more applicable to the treatment of adults than to children.

A CASE OF CONGENITAL "RETINITIS PIGMENTOSA."

BY BOLLING A. POPE, M. D.

It is of course impossible, in the limits of a "medical journal," to treat fully of this subject, which has been so minutely studied, ophthalmoscopically and microscopically, by modern ophthalmologists. My object is simply, to introduce a typical case of one form of this disease, which it is important for every physician to be able to recognize.

Until the invention of the ophthalmoscope, there was, of course, as was the case with all deep seated diseases of the eye, but little accurately known of this disease. The older pathologists, in dissecting the retina, had now and then observed cases, in which it contained a deposit of pigment, and described the appearance of the retina to the naked eye, with sufficient accuracy. Beyond this fact, there was little positively known.

This disease is frequently hereditary, and, in the form of which I propose to treat, often congenital, or can, at least, be traced to the earliest periods of childhood.

In the chronic, typical form, it progresses with little or no evidence of inflammation, as that word is usually understood, though this, within certain limits, is variable. The leading 'rational symptoms of the disease are nightblindness, or, at least, a deficiency in vision most marked at night, together with evidence of special imperfection in the outer part of the *field* of vision. These symptoms, but slightly marked in the earliest stages, gradually increase to complete amaurosis. Long before the central portion of the field of vision is seriously affected, the circumferential portion is so much so, that the patient has to take the greatest care in walking, or else he falls into cellars, or stumbles over objects, which, ordinarily, are seen without special attention. After the disease has advanced to a certain degree, this narrowing of the field of vision begins to show itself, practically, in the day time. I have seen cases, where the narrowing of the field was so great, that in a plane a foot from the eye, it was not larger than a half dollar, yet within that area, there was tolerable vision. It should be remarked here, that frequently the extreme anterior portion of the retina remains, to a certain degree, capable of functioning, after that part *immediately* behind, has become totally useless. The field narrows, then, *concentrically* from the circumference toward the center, commencing just *within* its outer limits.

The most striking symptom is, however, revealed by the ophthalmoscope. A zone of the anterior part of the retina,

is found to be studded with black stellate figures, composed, as will hereafter be shown, of choroideal pigment. The stellate form is occasioned by its being located along the retinal vessels, principally at their bifurcation. There is no difficulty to a practiced observer, in recognizing that the pigment is really in the substance of the retina itself. The retinal substance is sometimes more or less opaque. It is probable, that this is always the case in that stage of the disease which precedes atrophy of the retinal tissue. The "optic papilla" is indistinct in outline, waxlike in appearance, and the retinal vessels much diminished in size, and these, in very advanced cases, become extremely attenuated. All the other tissues of the eye, the tessellated epithelial pigment layer of the choroid alone excepted, may be, to all appearances, healthy, or nearly so, in the earlier stages of the disease.

Some micrographs, who have studied this subject very carefully, have been inclined to deny, that this disease is primarily seated in the retina, and have rather decided to look upon the retina as purely passive, and look upon the choroidea, and its epithelial pigment layer, as the seats of the disease. This view has been demonstrated to be erroneous by Heinrich Muller, and by myself, in an article published in the Wurtzburger Med. Zeitschrift, iii., 1862. The number of cases examined, and the uniform presence of the results of an inflammatory process in the retina, justify the continued use of the name retinitis pigmentosa. It is true, that the choroidea is not perfectly normal; yet the changes in its tissue are slight, in comparison with those in the retina.

The entrance of the pigment cells into the retina, is, in one sense, purely mechanical, since, according to my observation, they are never developed in the retina, but are forced into it from without.

The *outer layers* of the retina become *softened* and *thickened* by the inflammatory process going on in that portion of it. The cell proliferation, and the remarkable development of fibrous structure, renders the outer surface very *uneven*; forming furrows and depressions of a most decided character. The epithelial pigment layer becomes changed, so that it can be easily detached from its connection with the choroidea. The inner surface of the choroidea proper remains smooth. The above described changes go on principally in the retina in its outer layers, the inner being at first, in all probability, but slightly affected. The outer surface of the retina being now in some parts softened, and in others developing in thickness, the pigment cells are forced from their natural position into the furrows on the surface of the retina, and are gradually forced into the softened and yielding portions, which ob-

servation teaches us are mostly along the course of the vessels, especially at their bifurcations. In the form which I am now describing, I have frequently, with the microscope, observed the cells perfectly preserved in the substance of the retina, and so distributed, that the vessels seemed to be surrounded with a layer of pigment cells.

All the theories advanced before this one, which was first proposed by myself, in the above mentioned article, were founded on the theory, that the retina was passive, and consequently they fall to the ground, since it has been proven by the most elaborate microscopic examination, that the retina always undergoes the most remarkable pathological changes, and those of a most active character; while the changes in the other membranes of the eye are comparatively slight.

It has been remarked above, that in some cases the extreme circumferential portion of the field of vision is preserved to a certain extent, the blind belt in the field intervening between it and the central portion. The ophthalmoscope shows that the extreme anterior portion of the retina does not contain pigment, and the microscope shows the elements of the retina to be, at times, tolerably well preserved in that part. This coincides with what has been said above, in regard to the field of vision, and which is to be accounted for in the following manner:

The percipient portion of the retina lies next the choroida, and the inner layer is composed of the nerve fibres, or the conducting element. The nerve fibres radiate from the optic papilla, and terminate at various distances from it, becoming connected with the layer of nerve cells, and with the outer, percipient layer. It is probable, in fact almost certain, that those nerve fibres, which pass to the anterior portion of the retina, are the most superficial, that is, from the inner part of the inner layer of the retina. We have seen, that the disease affects most profoundly the outer layers, and affects them, in all probability, first. The above facts being admitted, we might have that portion of the retina, anterior to the pigment zone, at least, in the earlier stages of the disease, comparatively but little affected, the percipient and conducting elements being intact.

There is no danger, that an educated oculist will mistake this disease for any other. The most superficial investigation will serve to distinguish it from the disease known as night-blindness, since they differ in every symptom, except the fact that the imperfection of vision is most marked at night. In nightblindness, the peculiar narrowing of the field of vision is wanting, and the restoration of vision, by the return of daylight, is much more striking than in retinitis pigmentosa.

It might be confounded with chronic glaucoma, since there is, also, in this disease, a concentric narrowing of the field of vision, but this is the only point in which there is any resemblance, and there is much difference presented in this symptom to a critical examination. Possibly a beginner might confound it with some forms of cerebral amaurosis, but this is not probable, and a most superficial ophthalmoscopic examination would correct the error. The following case will sufficiently illustrate this disease :

Thomas Pitts, farmer, aged fifty-one years. Says he has generally enjoyed good health, though, at present, he has a somewhat infirm appearance. Has been recently suffering from intermittent fever. His sight has never been perfect, having always been liable to stumble and fall into cellars. Up to about his thirtieth year, he was able to use the rifle in hunting, though he had never been "quick sighted," to use his own language, and was especially troubled at night. At the age of thirty-five years his sight began to fail decidedly. Says he formerly suffered considerably with headache. Has had repeated attacks of conjunctivitis, and has pterygium of both eyes. At present, in passing from light to dark, or dark to light, is temporarily blinded. Sees best in a mild light, cloudy day, for example. He is just able to distinguish largest letters of street signs. His movements are much more embarrassed, however, than this degree of vision would justify, which is to be accounted for by the narrowing of the field of vision, which is very considerable.

Ophthalmoscopic examination reveals all the appearances above described, the pigment zone, slightly opaque retina, waxlike appearances of optic papilla, and atrophied retinal vessels.

There are other classes of cases, in which the retina is found to contain pigment, some of which are closely allied to this form ; but in these, other membranes of the eye are either primarily affected, or the disease has gone on in the retina and choroidea at the same time.

I propose in a future paper to call attention to these, and, at the same time, enter somewhat into their treatment.

It appears to me, that this disease is less frequent in this portion of America, than in Europe, though I am not able to speak with absolute certainty.

CHLOROFORM.—The London Lancet, January, 1863, reports a case of death from chloroform, of a healthy man, operated upon for evulsion of the toenail.

ON BOARDS OF HEALTH.

BY A. P. MERRILL, M. D., OF NEW YORK.

The organization of the New York Metropolitan Board of Health, constitutes a new era in sanitary legislation, and it may have an important influence upon the action of other states and cities, in respect of hygienic measures, under the operation of law. Heretofore, such boards have been mostly advisory, a disposition being everywhere manifested to distrust medical men as authoritative conservators of the public health; but now, after much discussion in regard to partisanship, the legislature of New York has conferred more varied and larger authority upon a mixed board, with a good representation of medical men, than the profession has ever ventured to ask for. Ample powers are given to abate every kind of health destroying nuisance, by summary process, even to the destruction of property and business interests, to an unlimited extent. Long established and lucrative occupations may be suspended and expelled the city, and populous tenement houses vacated, on short notice. Unwholesome food and garbage are removed, and sinks and cess pools repaired by peremptory order. Every citizen is permitted to invite the scrutiny of health officers and the city police, to whatever is offensive to sight or smell; and under a contingent power, now likely to be conferred, in view of the cholera epidemic, people may not eat, drink, sleep, or even breathe, except by regulation and sufferance of the board of health.

The old question is everywhere asked, what are health destroying nuisances? and the action of the new board thus far, would seem to indicate, that mephitic odors and gases, and want of proper ventilation, must still be the answer. No one seems to doubt, indeed, that all occupations and manufactories, which are in any way connected with decomposition, or offensive odors are the principal, if not sole causes of disease. The butchers were, as usual, among the first to be arraigned; but when these ruddy visaged men met the officers of the board, they presented a strong contrast, in all the aspects of health and vigor, with those who called them together; and the same has been found true of some other classes, whose occupations subject them to the influence of decomposition and mephitic gases; but, it has not been explained how it is, that these health destroying influences do not make these people pale, sickly and cadaverous, like many of those who avoid the noxious exhalations in the midst of which they live.

Nor have I seen any indication of a purpose to inquire into the influence of these tabooed occupations, upon the health of families residing near enough to be incommoded by the mephitic effluvia to which they give rise; to ascertain whether they suffer more than others from disease, and if so, from what kinds of disease. In so large a field of observation, such inquiry might easily be made, and especially, as large numbers in some parts of this city are constantly exposed to the most repulsive odors. The cases are so numerous, especially in the south, in which offensive effluvia have failed to encourage the spread of certain epidemic diseases; and the reports of exemption under such influences, and the exclusion of such diseases from closely confined and crowded prisons have so often been reported without contradiction, that we might hope so good an opportunity, as the present, to inquire into these matters, would not be wholly neglected. It may be, that these conditions will be found harmless in respect of some epidemic diseases and predisposing causes of others. Certainly it has been contended by authority not to be despised, that they have proved protective against yellow fever epidemics. This disease does not always assume its most malignant type in confined apartments and localities infested with mephitic odors.

Periodic influences prevail extensively in this city, causing sometimes distinct agues, but more commonly masked intermittents, and neuralgia in its protean forms, with intermittent pneumonia in winter, and infantile convulsions incident to the chill at all seasons; but the attention of the Board of Health does not appear to have been directed especially to paludal causes of disease existing in the form of natural and artificial marshes, accumulations of earthy deposits, vacant grounds bare of vegetation and wet and drying cellars. In many parts, the city is not effectually drained, the original ponds and water courses having been filled up and built upon without sufficient sewerage; and diseases and predispositions of telluric origin are, doubtless, due, in great measure, to this fact. Boards of health are slow to take cognizance of these hidden causes in all cities.

Some years ago, a somewhat similar attempt was made to establish a board of health for New Orleans and Louisiana, the principal object of which was, to prevent yellow fever and cholera epidemics. Much learned discussion was had upon the subject, voluminous reports were published, and many changes made in the sanitary police of the city; but there is now little reason to suppose, that the measures adopted proved, in any great degree, protective against these formidable diseases. It remains to be seen, whether the still

more active and authoritative measures of the Metropolitan Board will prove more effectual against the cholera pestilence, which has hitherto paid little regard to either internal sanitary measures, or non-intercourse restrictions. Whether so or not, the course being pursued here promises to relieve much suffering among the poor, and to make New York one of the most cleanly cities in the world.

ENCEPHALOID TUMOR OF THE UTERUS AND OVARIES.

BY T. J. SHAW, M. D., CLARKSVILLE, TENN.

Mrs. A., aged twenty-four years; has been married about five years, and is the mother of two children, the youngest about two years of age. The patient began to complain in May, 1862, with soreness and pain in the right iliac region, extending, within a month, to the left iliac. The abdomen commenced a gradual enlargement. The catamenia having ceased sometime prior to the enlargement, she felt very well assured, that she was pregnant; therefore, it gave her or her friends but little uneasiness, until about four months had passed, when she had a profuse uterine hemorrhage, accompanied with but little pain. She thinking it a threatened abortion, sent in haste after the family physician, who was prevented visiting her immediately, and did not see her during the attack. Domestic remedies were used, until the symptoms, in but a short time, subsided. She had no further trouble, only the gradual enlargement of the abdomen, until about the first of April, 1863.

Now, that about eleven months had elapsed since her supposed impregnation had taken place, and several weeks more than is ordinarily required for gestation having passed, her husband and friends naturally became very solicitous in regard to her situation, and her medical advisor was again summoned to her, for the purpose of ascertaining, if possible, the cause of the increased size of the abdomen. After a thorough examination, he felt well assured, that there was no fœtus. Not feeling satisfied, he asked for a consultation, and a neighboring physician was called, but no definite conclusion was arrived at in regard to the nature of the enlargement, only the decision, that the womb did not contain a fœtus. The advice of the consultation was, to wait on nature and further developments in her case. The abdomen continued to grow, and the solicitude of friends increased as rapidly,

and another physician was called, who, after an examination, pronounced it a case of ascites, and proposed treatment. The patient objected, concluding to leave her case a while longer to nature, but not without manifestations of much solicitude with regard to the final issue of it.

In August following, I was called, in consultation with the attending physician. Upon examination, I found the abdomen greatly enlarged, and fluctuation was distinctly felt within the peritoneal cavity; and while the patient was upon her back, the tumor, through the walls of the abdomen, presented to the touch, a hard nodulated surface, extending from the pubes to the superior boundary of the umbilical region, and laterally across from one lumbar region to the other. The patient was very anemic, presumed to be from loss of blood by hemorrhage. The mammary glands were perfectly flaccid and flat, tongue pale, but moist, appetite good continuously, bowels regular, but more or less difficulty experienced in defecation, secretion of kidneys quite normal, at least, as much so as usual, but considerable dysuria, owing, no doubt, to pressure on the stem of the bladder, by the enlarged uterus; little or no menstrual discharge since the birth of the last child, and none at all since April, 1862. Pulse usually about one hundred, and exceedingly feeble; no vaginal discharge. She had had slight, but continued uterine hemorrhage for about four months, contributing very much to the production of the attending debility. Hemorrhage had entirely ceased last June.

Upon a digital examination, per vaginam, I found, that the os and cervix uteri had entirely disappeared in the body of the organ. The uterus was pressed down very firmly into the pelvic cavity, and revealed to the touch, an uneven and lobulated surface. I then introduced a four valved speculum, and by expanding its valves, exposed as much of the uterine surface as possible; on viewing the exposed surface, I found its appearance accorded perfectly with the examination digitally. Suspecting the os, possibly, might be closed, I attempted the introduction of a small catheter, in which I failed. I then tried a very small probe, but with like want of success. Finding that there was complete occlusion of the os, and having no other instrument with me, that would assist us in our investigation, we concluded to defer its completion for another day, and invited Dr. H., from a neighboring town, to assist us in our work, which appeared to be fraught with many difficulties and much trouble.

Our new *confrere* made the requisite examination, but with no satisfactory conclusion, as regarded the nature of the disease. I then suggested the introduction of an exploring in-

strument, with a view of ascertaining the character of the contents of the uterus, and at the same time evacuating them. To this, assent was given. I commenced the operation, by introducing a four valved speculum, and dilating the parts well, bringing the os into full view. I then, with a small curved trochar, passed it through the os, into the cavity of the organ. It passed easily, and with but little pain. On withdrawal, it was not followed by the flow of any fluid, as was expected.

Our examination was concluded, and the diagnosis at which we arrived, no doubt, has already been anticipated by you ; a tumor within the cavity of the uterus, accompanied with ascites. But, as to the nature or class to which the tumor belonged, we did not pretend to decide. We expected, after no great while, to have an opportunity for post mortem examination, as we had been requested, in the event of her death, to make it.

The treatment prescribed, was tonics, anodynes, nourishing diet, etc. I did not see the patient again for about forty days, and during that time, she rapidly grew worse in every particular ; the abdomen grew much larger, pain was more constant and lancinating, and had many of the features of malignant disease. As all of her troubles were increasing, and because of the difficulty of breathing, and of maintaining the recumbent position, in consequence of the greatly enlarged abdomen, it was proposed that she be tapped, for temporary relief ; but she declined, thinking her sufferings would not be mitigated, or her existence materially lengthened, not even sufficiently to compensate her for the mental uneasiness, that she would necessarily encounter. The operation was dispensed with, and palliatives continued. The patient grew worse hourly, and death very soon terminated her bodily sufferings.

About twelve hours after demise, two other medical gentlemen and myself made a post mortem examination. The abdomen was opened in the usual way, when several gallons of water escaped. We found the uterus distended to its utmost extent, and at the fundus, there was a considerable rent, about four inches in diameter. On extending the incision through the walls of the uterus, we found it filled with an enormous tumor. It was dissected away very carefully from the uterus, to which it was very firmly attached. Having its origin, apparently, from the cavity of the cervix, near the internal os, it extended to the fundus, where it was firmly adherent around the lacerated edges of the rent. It was, also, attached, but not so firmly anteriorly, posteriorly and laterally to the parietes of the womb. After its extirpation

from the uterus, the neck and os of which we found completely closed again, after having been punctured sometime since, as will be remembered, and upon making a section of the morbid mass, we found it interspersed throughout with cavities containing from one to eight fluid ounces of a gelatin like matter, the color of which was somewhat bluish, with the exception of the portion that was at the bottom; this was quite dark and very offensive; consistence about that of liquid glue. The intermediate tissue, that formed the walls of the cavities was cerebriform, in appearance of a dull white color, and of medium consistence. The growth was, I think, a rapid one, the duration being but about seventeen months. The weight of the tumor was twenty-six pounds. The ovaries were, also, similarly diseased, the right weighing two pounds, and the left three, making the entire weight thirty-one pounds.

The appearance, under the microscope, coupled with the other evidence, led us to conclude, that it was encephaloid cancer. No disease in any other organ examined, with the exception of the neck of the bladder, which was inflamed and hypertrophied.

I have no apology to offer for this paper, as I hope the case is possessed of that intrinsic interest, which will commend it to the attention of the profession.

CHOLERA.—It is true, that the art of medicine is advanced by observation and experimentation; but it does appear, that this last mode should possess something of reasonableness, under any circumstances. The occurrence of any disease productive of a large degree of mortality, for the most part, expels anything like considerateness on the part of practitioners of medicine, and lets loose imagination, and sets free adventure, to an extent in itself alarming. "The papers tell us, that Prof. Tommasi, of Naples, has been employing subcutaneous injections of quassia." But worse than all: "In Constantinople, *L'Union Medicale* informs us, that one of the remedies used by doctors is, to make the patient drink his own urine, when the vomiting and purging begin." A medical man, writing at Naples, says: "The more I see of the disease, the more certain I am, that its ravages might be entirely prevented by a house to house visitation, and an early treatment of premonitory symptoms. As to the treatment, this epidemic has again taught us nothing; many old remedies have been brought up anew, and puffed, such as quinine, and quassia injections, chlorodyne and opium, but the result has been the same as in other epidemics—about forty or fifty per cent. of mortality of the declared cases, while the mortality, from subsequent typhoid fever, has been the greatest in those cases that have been treated by violent remedies, and chiefly by opiates and alcoholic stimulants." "News and Library."—*Brit. Med. Jour.*

CLINICAL RECORD

Of Cases Selected from Private Practice ; By E. Miles Willett, M. D.

ACCIDENTAL HEMORRHAGE.

Mrs. F., *æt.* twenty-seven, nervous temperament, health not very good, in the seventh month of gestation, was walking from her house into the yard when she missed a step, only a few inches in height—the shock thus produced was transient, but not inconsiderable—at two o'clock, however, on the following morning, ten hours afterwards, she was awakened by a flooding, which frightened her greatly, and caused some prostration. A neighboring physician was called in, and recommended rest and cold applications over the hypogastric region. During the following day, slight pains recurred at irregular intervals, which were evidently uterine, but supposed to be in the bowels. At half-past eleven P. M., the hemorrhage returned, and very soon became alarming. When her husband summoned me to her assistance, I asked the nature of the case, and fortunately went prepared. On my arrival, I found an array of symptoms, that indicated great loss of blood. Her pulse was scarcely perceptible; her face and lips were blanched; she had cold extremities; had vomited frequently, and was bathed in a cold clammy perspiration.

A per vaginam examination revealed an *os uteri* about the size of a Mexican dollar, partially filled with coagula. On one side I thought I detected the verge of the placenta, but there were no pains.

With these symptoms, after such a hemorrhage, to endeavor to prolong gestation, seemed to me to be tempting Providence; I, therefore, at once introduced a caoutchouc bag, sometimes called a *colpeurynter*, which I distended with cold water by means of an elastic syringe. I applied a large mustard plaster over the region of the stomach, and dry warmth and sinapisms to the extremities. As soon as reaction commenced, and the mustard was complained of, I administered ergot at intervals of half an hour, whilst I sat watching and waiting.

The pains, which had been inconsiderable during the day and night, gradually increased, until four o'clock, when I

was gratified to see an expulsive effort. I then removed the colpeurynter and ruptured the membranes—the pains returned rapidly, and with increasing force, until the child was born. I now removed the placenta, and, with one hand in, and the other over the uterus, stimulated it, by friction and kneading, to firm contraction. I am sure that there were not two ounces of blood lost, after the expulsion of the child. The bandage with a cold compress was applied; absolute rest enjoined; nutritious broths and beef essence were ordered, together with a *quantum sufficit pro re nata* of fine old Port from the Upper Douro. Convalescence proceeded uninterrupted, until her usual health was established.

In this case, a portion of the placenta was detached by the shock. In the beginning a very slight hemorrhage occurred, which dissected its way gradually between the placenta and uterine walls for twelve hours, when it gave the external, visible sign, which so alarmed the patient and her friends, and finally occasioned premature labor.

PLACENTA PRÆVIA—UNAVOIDABLE HEMORRHAGE.

Mrs. C., *æt.* twenty-three, health and strength generally good, was attacked, in the seventh month of her third pregnancy, with uterine hemorrhage, which was controlled by opiates and astringents, together with rest, and cooling acidulated drinks. A slight *show*, however, occurred at irregular intervals, until the completion of her term, when a fearful hemorrhage came on, which flooded the bed, and produced alarming prostration.

I was called at ten o'clock A. M., and on making a per vaginam examination, discovered the placenta *prævia*; the *os uteri* about an inch in diameter, but rigid. The quick, thready pulse, cold extremities, anxious expression, thirst, nausea, sighing respiration and dimness of vision indicated great loss of blood. I at once introduced into the vagina a colpeurynter, which I distended with cold water. I removed the pillows from her head, elevated her hips, applied warmth to the extremities, and ordered carbonate of ammonia and brandy. The dilating pains came on at regular intervals, but the hemorrhage was arrested—no external signs, at least, were visible. In about two hours and a half, bearing down pains commenced; but still I was loth to remove the colpeurynter. As reaction, at this time, had taken place, and the stomach was retentive, I gave ergot, which very soon increased the

force and frequency of the pains. I now removed the colpeurynter, which was partially expelled, and to my great gratification, found the head engaged in the superior strait. I administered brandy and ergot occasionally during the next hour, when the child was expelled—the afterbirth came away immediately, the uterus contracted firmly, and there was consequently no further loss of blood. Convalescence was necessarily slow, but iron and vegetable tonics and nutritious diet gradually restored perfect health.

In this case, the placenta was not located centrally in the lower segment of the uterus, one edge only was implanted over the *os uteri*. The hemorrhage came on in the beginning of the seventh month, when the internal *os uteri*, and upper part of the cervix began to be impressed with those changes necessary to convert the ovoid shape of the uterus into a globular form, in order to give sufficient room to the then largely developed ovum. During the latter period of gestation, an inconsiderable hemorrhage occurred at irregular intervals, but when labor was established, and the dilating pains had opened the uterine sinuses, the hemorrhage became fearful.

The indications to be fulfilled were, evidently, to arrest hemorrhage, bring about reaction, and effect delivery as soon as the *os uteri* became dilatable. How all this was accomplished has already been stated. It is only alluded to again, in order to attract particular attention to the colpeurynter, which, not only prevented hemorrhage, but assisted in the dilatation of the *os uteri*, whilst it seemed to stimulate uterine action. When the *os uteri* became dilatable, podalic version could have been accomplished without difficulty, but I preferred spontaneous delivery. The partial expulsion of the colpeurynter, which occurred a short time after the bearing down pains commenced, showed that the head had engaged in the superior strait, and then, as a matter of course, further hemorrhage was not to be feared. The ergot given during the second stage of labor, had its specific effect, and as soon as the contents of the womb were expelled, produced a condensation of the uterine tissue, thereby obliterating the sinuses, and thus effectually preventing postpartum hemorrhage.

Prof. Simpson says—London Medical Times and Gazette—a particular firm in Edinburgh makes more than seven thousand doses, of two drachms each, of chloroform daily, or more than two millions five hundred thousand doses, or about six hundred and thirty-eight thousand seven hundred and fifty ounces, or thirty-nine thousand two hundred and thirty-four and three-eighths pints a year.

BIBLIOGRAPH.

"CONTRIBUTIONS TO BONE AND NERVE SURGERY."

BY J. C. NOTT, M. D., PROFESSOR OF SURGERY IN MOBILE MEDICAL COLLEGE.—BY D. D. S.

It is with much pleasure, that we recommend this little work to the medical profession. We have read it with interest, and are struck with its practical soundness. Containing, with the addenda, only ninety-six pages, one would hardly expect to find such an amount of practical, useful information to the young surgeon, embraced in such a small space. The subject is one of vast importance, for writings on the sequæ of gunshot wounds, or the investigations of "tertiary" surgery are comparatively limited.

The author indicates in the preface, his intention, for the benefit of the younger members of the profession, of giving a "resume of those facts and general principles of bone pathology and practice, bearing on the points to be elucidated." The work is divided into the first and second parts, for the sake of convenience.

Part first embraces a clear, but brief account of the pathology, cause, etc., of periostitis, endostitis, or osteomyelitis, ostitis, caries and necrosis. In it may be found the matured opinions of the best authorities of the present day, upon the pathological principles and rules of practice to be adopted in the treatment of those diseases of bone. The style is clear, concise and forcible, and the facts stated for what they are worth. The author has the happy faculty of telling what he knows in a few words, and with an ease and frankness which is striking, and, at the same time, refreshing.

Part second is devoted to the consideration of those troubles resulting from gunshot wounds, and the subsequent inflammation. This subject presents additional interest, from the number of brave spirits, who have survived the last war, in a maimed condition, who are scattered over the southern states. Those cases are constantly presenting themselves to the profession for treatment, and will continue to do so for a considerable time yet; and it is of vital importance to them, that some fixed rules for treatment be established. As the author remarks:

"Most of the patients have been seen and treated by surgeons of no experience in this class of cases, and little or nothing has been done for them, although relief might have been afforded long before they were presented to me. A man comes, who has had a minnie ball passed through the arm or leg, striking a bone, and either simply contusing its surface, and perhaps knocking off the periosteum, or fracturing and splintering it. In a few instances, perhaps, the surgeon has, in the confusion of the battle field, cut down upon the shattered bone, and removed the detached fragments, but more frequently the patient has been in the hurry sent off to some distant hospital, without anything having been done, and the time passed for primary operations. In either case, the patient eventually comes to me at the end of two or three months, or more, and not unfrequently, after the expiration of one, two, three, or even four years, (I have very recently operated on one, wounded at the first battle of Manassas, and am now writing in July, 1865;) and he comes with one or more fistulous openings, discharging pus.

"Now, when such a case presents, what is the conclusion aimed at by the surgeon, on simple inspection? It is simply this, that the suppuration must be kept up by dead bone, or foreign body.

"Can any general rule of practice be laid down for such cases? The great difficulty is not so much to determine *what* should be done, as *when* to do it. The rule I adopt, and, I think, it a very important one, is, to *cut down and search for the offending body as soon as circumstances will permit*, as recovery cannot take place, until it is removed. But what are the circumstances that should guide our course?

"The following are the most important considerations.

"*First.*—If there is much inflammation and swelling, with a boggy feeling, and particularly if the inflammation presents an unhealthy, or erysipelatous character, the knife should be withheld as its premature use will be followed by increase of inflammation, suppuration, ulceration, and probably sloughing, with corresponding constitutional disturbance.

"*Second.*—The process of exfoliation or separation of the dead from the living bone may not have been completed, and we have already laid down the rule, that no operation should be attempted before the detachment is complete. Now comes the important point: How are we to determine the actual condition of the bone? Has or has not the sequestrum been detached? Frequently the probe, skillfully used, will determine the question, but in spite of all that books say on the subject, there are many cases which the probe alone will not decide. A probe passed through a small, and often long and circuitous channel, may fail to reach dead bone at all, or if it does, we may not be able to determine whether it is detached or not. The dead bone is not unfrequently so bound down by surrounding granulations, as to be immovable. It will not, then, be safe, in all cases, to wait until we can feel loose bone.

"The study of bone pathology of gunshot fractures, where the inflammation is simple, and the constitution uncontaminated by specific diseases, or not complicated by typhoid disease, will show that exfoliation goes on rapidly, and that in the majority of cases in the long bones of the upper and lower extremity, two to

four months are sufficient for nature to do her work, and to hand the case over to the operative surgeon.

"In the small bones of the fingers, those of the metatarsus, and the radius and ulna, a month or six weeks is often sufficient.

"My general rule, therefore, has been this: If a patient comes to me one, two, three, four, or more months after a gunshot injury, with a fistulous opening, (unless such a procedure be distinctly contra-indicated by an inflammatory, unhealthy condition of the part, or unfavorable condition of the system,) I cut down boldly in the direction of the sinus, laying it open to the bone, and then introduce my finger and explore it fully, so far as to ascertain certainly what is the condition of the bone, and whether I am justified in removing the dead portion. A clean, incised cut, under the circumstances, does not hurt, and it enables us to obtain, at once, the information wanted. If the bone is not detached, close the wound and let it heal, as it often will, by first intention, without giving the patient any inconvenience.

"In the majority of cases, I find balls, clothing, fragments of bone, or other foreign body, and the patient is relieved at once by its removal. In others, the exploration is unsatisfactory, particularly in fleshy parts, as the thigh and shoulder, where the bone is thickly imbedded in the muscular and other tissues, and also in complicated anatomical structures."

The above is a sample of the sound doctrine laid down by the author, for the management of these cases, and any surgeon who has had experience in the treatment of them, will endorse the correctness of Dr. Nott's practice. Much suffering might have been prevented, and many valuable lives saved to the country, had this course been pursued in the treatment of the numerous unfortunate soldiers, who are now scattered over the whole south.

The latter part of the work is devoted to the consideration of some interesting cases treated by Dr. Nott, where he brings out in bold relief, the salient surgical points. He closes his interesting brochure with the history of two very interesting cases, one of neuralgia, following an injury inflicted by a railroad car; the other, a large neuromatous, encysted tumor, situated on the forearm, extending from "an inch below the bend of the arm. to within an inch of the wrist."

The neuralgia in the above case persisted in the extremity of the stump, in spite of three amputations of the leg, one of the thigh, and three resections of the nerve.

We cannot too highly recommend this little work to the profession for the grand general principles, for the treatment of the sequelæ of gunshot injuries are plainly and forcibly laid down by the author, in a manner different from other works, and many new points are presented for consideration, in which every surgeon should be deeply interested.

MILITARY SURGERY.

BY W. H. W.

In physiology, microscopic anatomy, obstetrics, pharmacy, and some other departments of medical science, its professors in Europe, in the number and extent of standard works, are in advance of American physicians and surgeons; but there are branches, in which American genius has made the happiest development. One of these is surgery, success in which depends upon practical knowledge of anatomy, judgment in relation to time and manner of operating, skill in the use of needful appliances, and care in reference to hygienic regulations. The eminence of American surgeons is attested by the success and brilliant operations of those connected with the late armies, and others, and by able works published in this country upon surgical subjects. A work recently issued, and entitled "a Treatise on Military Surgery and Hygiene," by Prof. F. H. Hamilton, is a happy illustration of what we say. Its author, about the beginning of the war, gave free lectures to medical students, or other persons who expected to become army surgeons, or hospital stewards; and these lectures were so able, and at the same time, so devoid of pedantry, that they attracted much attention. Portions of these lectures were subsequently published, as a "Treatise on Military Surgery," and have now been, by additions and enlargements, expanded into the volume above named, which is one of the best works we have upon the very important subjects about which it treats. It should find a place in the library of every physician, and certainly no army surgeon, who is not familiar with all it teaches, should be without it.

Very nearly a third of the book is devoted to the general hygiene of troops, and should be read by all military men. This portion discusses the examination of recruits, diet, cleanliness, dress, exercise, vaccination, bivouac, tents, hutting, billeting, barracks, hospitals, preparations for field, management of troops on the march, conveyance of sick and wounded, and other topics.

The balance of the "Treatise on Military Surgery and Hygiene" treats of the character and treatment of all sorts of gunshot wounds, the best modes of performing operations that are needful in consequence of gunshot or other wounds, the circumstances that call for the use of particular surgical instruments, and practical suggestions in reference to gangrene, tetanus, scorbutus, and the employment of anesthetics. There are numerous well drawn, but not in all cases original, woodcut illustrations, and many apposite references to cases.

The style throughout is plain, terse and clear, the matter practically useful, and the suggestions frequently original. As a whole, the book is a very valuable addition to medical literature, and a large portion of it will, doubtless, interest a large class of non-professional readers.

LINES ON A SKELETON.

This Poem appeared in the London Morning Chronicle just forty years ago. A reward of fifty guineas failed to bring out its authorship, nor is it yet known :

Behold this ruin! 'Twas a skull,
Once of ethereal spirit full.
This narrow cell was life's retreat,
This space was thought's mysterious seat.
What beauteous visions filled this spot,
What dreams of pleasures, long forgot,
Nor hope, nor love, nor joy, nor fear,
Have left one trace of record here.

Beneath this mouldering canopy
Once shone the bright and busy eye :
But start not at the dismal void—
If social love that eye employed ;
If with no lawless fire it gleamed,
But through the dews of kindness beamed,
That eye shall be forever bright
When stars are sunk in night.

Within this hollow cavern hung
The ready, swift and tuneful tongue.
If falsehood's honey it disdained,
And where it could not praise was chained ;
If bold in virtue's cause it spoke,
Yet gentle concord never broke !
This silent tongue shall plead for thee
When time unavails eternity.

Say, did these fingers delve the mine ?
Or with its envied rubies shine ?
To hew the rock, or wear the gem,
Can little now avail for them,
But if the page of truth they sought,
Or comfort to the mourner brought,
These hands a richer meed shall claim
Than all that wait on wealth or fame.

Avails it, whether bare or shod,
These feet the paths of duty trod ?
If from the bowers of ease they fled,
To see affliction's humble shed ;
If grandeur's guilty bribe they spurned,
And home to virtue's cot returned,
These feet with angel's wings shall vie,
And tread the palace of the sky.

SYNOPSIS.

Summary of Observations on Cholera; by George Sutton, M. D.; Medical and Surgical Reporter, Philadelphia, April 14, 1866.

First.—Cholera is unlike any other disease, and is governed by laws peculiar to itself;

Second.—Caused by an organic poison, reproduced within the human system, and diffused by human intercourse;

Third.—For its development there must be, first a cholera poison, then a community susceptible to its influence;

Fourth.—Its first impression is made upon the organic nervous system, whence follows perverted innervation, with morbid exhalations and secretions, from which, probably, the infection arises, as in hydrophobia—a *nervous* disease, with poisonous product from mucus membrane of fauces, and from salivary glands;

Fifth.—The susceptibility to it not alike in all persons, and existing to greatest extent in communities never under its influence;

Sixth.—Temperature, season, humidity, mode of life, and other local causes, modify susceptibility to it;

Seventh.—May assume grades of violence, and prevail under different forms;

Eighth.—May prevail as diarrhea, dysentery, cholera morbus;

Ninth.—It was the cause in 1832, in the north, and in 1848, in the south, of these three forms of disease spreading over the country, and they are not to be regarded respectively as a symptom of cholera, but the disease itself;

Tenth.—Cholera may spread by each one of these forms; and by the diarrheal form, if only *one person in ten* is susceptible to its influence;

Eleventh.—The malignant form is favored by a variety of causes, as predisposition, tendency to diarrhea, mode of life, mental depression, *but more particularly than any other cause, by the accumulation of infection*, which overcomes vital resistance, before the system has acquired tolerance of it;

Twelfth.—Principal cause of the accumulation of infection is, from the evacuations vaporizing and spreading through the atmosphere;

Thirteenth.—The accumulation of infection takes place in cities, poorly ventilated places, low, damp situations during stillness of the atmosphere—and particularly where the subsoil is of clay, or limestone formation, while upon a dry and sandy soil, which rapidly absorbs moisture, the infection seldom accumulates;

Fourteenth.—Cholera is notably influenced by season, or temperature; during winter it may prevail as a mild form of diarrhea, reassuming its malignant form, as summer favors its development.

Fifteenth.—The *system soon acquires tolerance of the poison*; attacks of either of the forms, or frequent exposure to the infection, removes, in a great measure, the susceptibility to the disease, to be again acquired in, probably, from fifteen to twenty years. The

faculty of tolerance, explains why the disease leaves the country, and seldom attacks a city or town severely the second time;

Sixteenth.—The most certain prophylactic in a northern climate against the malignant form of cholera, in the summer, is frequent exposure, under favorable circumstances, to the infection during winter, by which susceptibility to the disease is chiefly removed.

Contusion and Contused Wounds of Bone; by Jno. A. Lidell, A. M., M. D.; American Journal, July, 1865.

Traumatic lesion of the osseous tissue may be arranged in three groups:

First—Injury without solution of continuity, as the contusion and the bending of bone. The osseous tissue is liable to be bruised, there being no manifest disruption of the external compact layer, or any other part of the bone involved, as is, not unfrequently inflicted by spent and glancing musket balls, and by kicks from horses, etc. And in infantile life, before the calcification of the osseous tissue is far advanced, any of the long bones may be forcibly bent without fracture.

Second—Partial solutions of the continuity, constituting wounds of bone, analagous to the wounds of the soft parts, and may be *incised*, as when made by a cut with a sharp edged instrument; or *lacerated*, as the tearing away a process from a bone, making a lacerated wound of the bone, or a fracture of the process, or the tearing off a splinter from the side of the bone by a rifle ball; or *perforating*, as a hole bored through the whole thickness of a bone by an instrument, or, as a ball passing through a bone; or, *penetrating*, as when a bullet passes through the body of a vertebra, and lodges in the spinal canal, or penetrates the shaft of a long bone, and lodges in the marrow, or, *contused and lacerated*, as a groove or furrow plowed on the surface of a bone by a bullet; or, *contused*, as when, by a severe blow, the external compact layer of a bone becomes cracked, and perhaps indented, also, while the investing periosteum, and the under lying osseous tissue, at the same time, receive an injury of the nature of a bruise.

Third—Complete solutions of the continuity, as in fractures. The term *fracture* can, with propriety be applied only to a forcible solution of the continuity which extends through the whole thickness of the bone.

The pathological history of contusion of bone, essentially the theme of this paper, is a subject which seems not to have attracted much attention. Systematic works on surgery, fail to make mention of it. Mr. Erichsen alone gives a brief account of it. Even in the books devoted to a special discussion of the diseases and injuries of the osseous system, it is entirely overlooked. The writers on military surgery are silent on the subject; except Dr. Stromeyer, who, though he distinctly recognizes the occurrence of contusion of bone, and that it is a lesion often fraught with great danger to life, does not enter upon any extended discussion of the subject. Yet he is entitled to no small amount of credit for having pointed out the great danger to life, which pertains to many cases of this kind of injury.

Contusion of the bones of the face is much more likely to do

well, than contusion of the pelvic bones, and contusion of the humerus than contusion of the femur; without doubt, to be attributed to the superior supply of blood, and superior vitality which belongs to the osseous tissue in the upper part, when compared with that in the lower part, of the body.

The marks of a bruise are much more obvious, from the very outset in a bone having a loose spongy structure, than in one which is principally made up of compact tissue; and the appearances produced in the spongy or cancellous osseous tissue bear a much stronger resemblance to a bruise of the soft parts, than the appearances produced by contusion in the compact osseous tissue. Hence, the propriety of studying the lesions of bone by the light afforded from analogous lesions of the soft parts. Contusion of the soft tissues is always associated with an extravasation of blood into the meshes of the areolar tissue, and called ecchymosis. In like manner, contusion of any bone having a spongy structure *may*, also, be accompanied by an ecchymosed appearance of the bruised osseous tissue, occasioned by the extravasation of blood into the cancelli from the capillary vessels, which chanced to be ruptured by the commotion among the osseous particles set up by the contusionary force.

The so called interstitial absorption of the extravasated blood, may take place spontaneously in some cases of ecchymosed bone, as well as it does in most cases of ecchymosed soft parts, and terminate directly in recovery;—that is, ecchymosis of bone may terminate spontaneously, by resolution through the activity of certain of the normal physiological processes alone. There is reason to believe, that ecchymosis of bone from contusion occurs much more frequently, than at first sight would be supposed; and that its termination, by resolution, accounts for the fact, that it very often evades notice. It, however, is not always attended with so fortunate a result. In a severe contusion of a spongy or porous bone, the quantity of blood extravasated into the cancelli of the bruised osseous tissue, would be materially increased in such a way as to bear some relation to the severity of the contusion, and the increased volume of the sanguineous effusion might be so great, as to fill up the cancelli, and the minute canals of the bruised part of the bone completely, and the tendency to extravasate continuing, would extend the disastrous effect beyond this, and might even compress effectually the nutrient capillary blood vessels against the unyielding osseous partitions, plates and luminae in relation with which, and in the midst of which they course along, and thus cut off the supply of blood to the ecchymosed osseous tissue. The nutrition of the bruised portion of bone being thus arrested, necrosis, a dry gangrene of bone, analagous to senile gangrene of the soft parts, would be produced. In this way, blood extravasated into the cancelli, and the interspaces of bruised osseous tissue would destroy vitality, as effectually as the products of inflammatory action do, when suddenly effused into the interior structure of bone. The osseous tissue, with its vitality thus destroyed, acts as a mechanical irritant upon the contiguous structures, like any foreign body, and may enkindle in them an inflammatory action of severity, and of a fatal character.

When the shaft of a long bone, the compact tissue of which is

very dense, and embraces the whole thickness unto the medullary canal, suffers contusion, no appearance of ecchymosis appreciable to the unaided vision, will be discovered in the osseous tissue itself; but at the same time, the commotion occasioned by the contusing force may be propagated inward to the medullary canal, the capillary vessels therein may be ruptured, and blood in abundant quantity may be extravasated into the marrow, causing it to present a bruised appearance. Contusion of a long bone, with moderate extravasation of blood into its medullary tissue, even though the bone be one of the slenderest, and the injury appear trivial when considered apart from its legitimate relationships, may become the cause of death, and without the induction of necrosis, or suppurative osteitis, or even, periostitis. And in any case of presumptive contusion, in which palpation fails to develop bone lesion, but in which progress to recovery is unsatisfactory—swelling of the soft parts continuing, wound discharging, and showing but little inclination to heal, the patient's strength slowly wasting away, and without obvious cause, there is ground sufficient to ascribe the source to medullary extravasation, in connection with the inflammatory irritation in the bone and the periosteum, from the contusing force.

Osteo-mylitis of a simple character, is an important legitimate consequence of contusion of bone. Inflammatory irritation of the periosteum of the bone and the marrow will present, as a direct result of the contact between the bone and the contusing force; and the morbid product of the inflammatory irritation will consist of deposits of new osseous tissue, both upon the exterior, and in the medullary canal of the bone, in the neighborhood of the injury. And the development of new bone will be accompanied by abnormal vascularity of the marrow and periosteum of the old bone; and the neighboring soft parts kept in a swollen and inflamed condition, suppuration probably, will ensue, and the pus burrowing among the muscles, is succeeded by irritative fever, and the result may be death. Under such circumstances, death does not result from the destruction of the bone itself, but by the mischief which it excited, and afterward kept up in the neighboring soft parts, and in the system at large.

But contusion often excites a more profound inflammatory action in the injured bone, and so intense as to destroy the vitality of the shaft of a long bone to a very great extent, and in the course of a few days. This results in another important legitimate consequence of contusion of bone: necrotic osteitis—inflammation terminating in necrosis. The periosteum and the medullary tissue are, doubtless, involved in the inflammatory process, but the destructive action appears to be confined to the osseous tissue.

Death of the osseous tissue in acute inflammatory necrosis, as in traumatic necrosis, is occasioned directly by arrested nutrition; in one the products of inflammatory action are exudated, and in the other, blood is extravasated into the bone tissue, in such a way as to arrest the circulation in the portion of bone involved.

And another important legitimate consequence of contusion of bone is suppurative osteo-mylitis.

And gangrenous osteo-mylitis, not only the death of the tissues, but their putrefaction and rapid disintegration

The anatomico-pathological differences between this form of gangrene of bone, and ordinary necrosis are well marked. As, a piece of necrosed bone is apt to be dry, white in color, comparatively inodorous, so far as the tissues entering into its own composition are concerned, and bears a strong resemblance to the ordinary bleached osseous tissue of the skeleton in appearance. But gangrenous bone consequent upon concussion, is moist, dirty grey, dirty pale grey, or dirty greenish brown, in color, and exhales the intolerably offensive odor of rotting bone.

But necrosis is produced by contusion without the intervention of such pathological processes, as the exudation of inflammatory products, and the extravasation of blood—necrosis is occasioned directly by the mechanical commotion set up among the osseous particles themselves, by the sudden application of sufficient force in the nature of a bruise, without the intervention of any pathological process whatever. In such cases, the injured part of the bone loses its vitality at once, and becomes colorless and exsanguine; a circumscribed portion of the osseous tissue is killed outright, and nature immediately commences preparations for its separation and renewal from the living bone surrounding it. It may be produced by kicks from animals, by blows, by falls, and by spent balls. The cranium may be struck in such a way as to destroy the vitality of both tables over a considerable space, without producing fracture, or any solution of continuity whatever, perceptible to the unaided vision, and after a proper time become detached, so as to be extracted; and this without the occurrence of inflammation of the bone, or of the adjacent soft parts, or even the exhibition of any cerebral symptoms worth mentioning. It is easy to conceive, that any agency which would greatly disturb the integrity and the relations of the branched cells, discovered by Virchow, where the nutritive and other material brought into the interior of the osseous tissue undergo a variety of transformations—would also destroy the vitality of the bone itself. The bone cells are, without doubt, the most important histological element which enters into the composition of bone, and may it not be true, that in the variety of osseous contusion now considered, the necrosis is due to the rupture of some of the bone cells, and the disturbance of the relations between others of them, occasioned by the commotion among the particles of the osseous tissue produced by the contusing force? This subject is commended to the attention of all investigators in the domain of osseous pathology.

In this class of cases, the separation of bone is accompanied by the following phenomena. From the living osseous tissue, where it borders on the dead, the calcareous matter is gradually withdrawn by absorption, under local excitement produced by the dead bone acting as an irritant; and at the same time the bone cell and the connective tissue throughout the same locality, assume the appearance of fleshy red granulations. The dead becomes separated from the living osseous tissue, by a layer of florid soft granulations formed at the expense of the living tissue, which accounts for the fact, that in the dried specimens of circumscribed necrosis, the cavity is frequently found to be larger than the piece of dead bone which came out of it. The disparity in size is not due to a solution of the exterior of the necrosed fragment in the puriform

fluid in which it is bathed, but to the beautiful process of conservation here described.

While some cases recover, without the occurrence of any untoward symptoms, others do not present the same freedom from suffering and danger. During the process of exfoliation, an inflamed condition of the contiguous soft parts, attended with suppuration, is apt to be present, and inflict much suffering. And in occasional instances, an inflammatory action is kindled in the surrounding osseous tissue, so severe as to terminate in inflammatory necrosis of a large part of the bone which had not suffered from the original injury; and in still rarer instances, a suppurative inflammation is lighted up in the cancellous structure, or in the marrow, terminating in death by pyæmia before exfoliation has completed.

Any injury of bone in the nature of a bruise, however trivial it may appear to be at the time of infliction, may be followed by serious consequences, which it is the duty of the surgeon to anticipate and ward off, if possible.

Ecchymosis may occur in any of the bones which have a cancellous structure, but is most frequently met with in spongy epiphyses of the long bones, and is likely to prove to be very serious, on account of the inflammation kindled in the surrounding parts of the dead bone. And if the injury is upon the epiphysis of a long bone, close to one of the great articulations, the gravity of the case will be very much increased. In such a case, there will be no hope of recovery without amputation. In other cases, it may be advisable to attempt to moderate the local inflammation by quietude, by local abstraction of blood, the ice dressing in the first stage, and fomentation in the second stage, and above all, by the early employment of free incisions, to prevent the burrowing of matter.

Rinderpest, or Cattle Plague; Jno. H. Griscom, M. D.; Medical and Surgical Reporter. Philadelphia.

Eminent medical men have gone into an investigation of the character of the disorder, and it appears that an extensive difference of opinion prevails.

Mr. Ceely has recently discovered some points of analogy between human smallpox and rinderpest. A medical report of 1839 is quoted from the Transactions of the Provincial Medical Association, to prove it has been shown by unquestionable evidence, that cattle and other animals have for centuries been known to be affected with variola.

Dr. Murchison has given an opinion confirmatory of the assimilation affirmed by Mr. Ceely. Dr. Layard's observations are cited, as sustaining the view of identity, and some declare probably, that the deadly murrain now afflicting cattle, may be that human life preserving, benignant and most desirable affection, cow-pox; while Prof. Furguson's report to the government, on the cattle plague in Ireland is adduced as a proof sustaining the identity of rinderpest and variola. He says: "As yet, there has not been sufficient direct evidence furnished by specially instituted experiments, to justify the assertion, that vaccination will insure cattle an immunity from the plague, or even a diminution of its virulence; but as vaccination has very rarely proved injurious to stock,

and certainly protects it from some diseases, it is desirable it be immediately had recourse to in Ireland, as an expedient, that may possibly eventually prove of service, should cattle plague unfortunately make its appearance in this country." There are many others, who, with Dr. Bursden Anderson, are strongly impressed against the probabilities of rinderpest and variola being identical. Dr. Anderson says: "I have had opportunities of carefully observing the appearances presented by the cutaneous eruption in all its forms, and have watched it with all the attention of which I am capable. The so called scabs are not produced by the dessication of pustules, but by the incrustation of the abundant secretion from the sebaceous follicles: vesicles never occur at any period of the disease; the so called flattened vesicles, described by Dr. Murchison on the udder, are solid elevations, the structural elements of which are epidermal. The affection is of the following nature:

"There is, in the first place, hyperæmia of the cutis in the affected parts. Secondly, an excessive secretion from the cutaneous glands. Thirdly, an exuberant development of nuclear corpuscles in the deep layer of the epidermis, by which the more superficial layers are separated from the true skin. In some parts, particularly in the udder, near the roots of the teats, and in the scrotum, this exuberant growth of nuclear bodies takes place at particular points only, giving rise to elevations. These elevations, which have been accurately designated by previous authors as nodules, and other words implying their solid character, gradually soften and break up, sometimes becoming semi-fluid, and thus acquiring an unreal resemblance to pustules."

Trichinæ Spiralis—Prevailing in Epidemic Form; Julius Harding, M. D., Savannah Journal of Medicine, March, 1866.

Twenty years ago, innumerable point like white bodies were found in human muscle. These, by microscopical examination, were found to be cysts containing a thread like and spiral worm. The parasite presented no discoverable organs of generation, and it was a puzzle how they reached the muscles, and how they multiplied, and whether they were capable of further development. Discoveries have been made, that the trichinæ existing in the muscular tissue of an animal, imperfectly cooked, or eaten in the crude state, still preserve vitality, and in the stomach and intestines, soon liberate themselves from the enveloping cyst. After the rupture of the cyst, the parasite attains the length of three or four millimetres, and organs of fecundation and generation are soon developed. In the female trichinæ, which are more numerous, and two thirds larger than the male, an innumerable number of eggs are soon matured. These eggs are hatched in a week, and the living parasites are found floating in the mucus of the intestines, whence they at once begin their wandering, perforating the coats of the intestine, and entering the abdominal muscles, and, may be, visiting every muscle in the body. They are found to be most numerous at the origin and insertion of muscles. At the points of stoppage, cysts are developed, appearing to the eye as white points; these, if treated with muriatic acid, are seen, under the microscope, to dissolve, when the worm becomes visible.

The disease in man is probably caused by eating meat, imperfectly cooked, or raw, infested with the *trichinae spiralis*, to kill which a heat of one hundred and ninety degrees F., or seventy degrees R., is necessary.

Immediately after eating the diseased meat, no symptoms are exhibited; but when the eggs are hatched, constitutional irritation may manifest itself by chill, which may, or may not, be repeated. Stomachic and intestinal irritation, with catarrhal symptoms, manifest themselves, together with loss of appetite, bad taste in the mouth, unusual thirst, nausea, vomiting, coated tongue, and dryness of throat and mouth; patient feels exhaustion and depression of spirits; the muscles are painful to touch, and movements difficult; pulse increases in rapidity; animal temperature rises. In progress, the disease exhibits attacks of dyspnoea and suffocation; then oedema of the face, eyelids and extremities; sensibility diminished in many cases; excessive perspiration, with peculiar odor, almost constant; hoarseness and aphonia often observed.

Death frequently occurs in the first week. Convalescence is usually slow; dyspnoea, oedema, anaemia, indigestion, partial paralysis persisting after acute period of the disease.

The encysting of the parasite does not take place until the fifth or sixth week after diseased meat is eaten; does not ensure immunity from constitutional disturbance.

Treatment.—Purgatives in the beginning to carry off the parasites. Benzine seems to be a favorite remedy, and is believed to kill the worm, even after it has reached the muscles. Opium must not be resorted to for allaying pain; otherwise, general principles of treatment appropriate to the symptoms will be applicable.

Treatment of Diphtheria; J. P. Farnsworth, M. D., Medical and Surgical Reporter, Philadelphia, April 28, 1866.

Regarding this disease as purely local, with secondary constitutional irritation, I esteem the solution of per sulphate of iron, as almost a specific, applied locally, and if applied early, or if in a situation where application can be made, (which is unfortunately not the case sometimes,) will alone arrest the disease.

In several instances, a single application to a velum and tonsils, covered thickly with diphtheritic membrane, has effected a cure.

Glycerine is an excellent vehicle, in which to suspend the remedy; and where there is much difficulty in applying the probang, a gargle made as follows answers the purpose: Solution of per sulphate of iron, two drachms; glycerine, two fluid ounces. Direct, a teaspoonful every three hours, to be allowed to run slowly down the throat.

In summing up the matter, it appears that diphtheria is a powerful local disease, creating intense pain, and generating a poison taken up by the absorbents. That if treated, at first locally, it may be arrested, but that after a time the constitution must be sustained. The nature of the membrane is such, that it may be destroyed, and a return prevented by the application of some solvent, the best known of which is, a preparation of iron.

Diphtheria may be easily controlled and cured, if within reach, and measures taken early. It sometimes attacks the throat, and

down the bronchial tubes, and into the nares. If the first onset is so extensive that remedies cannot reach it, the constitution has not power, in any case that I have seen, to throw it off.

Henry McElderry, M. D., U. S. A., Treatment of a Case of Diphtheria by Lime Inhalation, Medical and Surgical Reporter, April, 28.

The patient, a boy six years of age, was found with high fever; throat inside and out much swollen; both tonsils, and the whole of the soft palate, were of a dark dusky red color, and had enlarged to such an extent as to make it almost impossible for the patient to swallow. The respiration had also become very labored and difficult; face and head much congested; the entire surface of the left tonsil, and the arches of the palate on that side, were covered with a dirty, greyish slough.

A large handful of lime was put in a pitcher, and about half a pint of boiling water poured upon it. The child's head was now placed over this, and he was made to inhale its fumes. He had, in addition, chlorate of potash, tincture of iron, ammonia and beef tea. The patient was seen five hours after inhalations were begun, and after two, of ten minutes each, had been administered. All the symptoms had changed much for the better. His mother stated that the inhalations seemed to relieve him at once. Patient entirely well on fifth day. The instantaneous relief given by the inhalations, when other means had signally failed, and never having seen another remedy act with more promptness or satisfaction, I am induced to earnestly recommend it to the use of the profession.

J. J. Knott, M. D., Atlanta Medical and Surgical Journal, April, 1866.

In 1863, diphtheria prevailed to an alarming extent in the hospital of Longstreet's Corps, when I was in charge, and I was induced, from the great mortality, to look for some reliable treatment. Regarding the disease, in the earlier periods, as purely local, and of septic tendency, I employed creosote in its capacity of antiseptic, local alterative, and styptic.

It was employed first in a malignant case, of whose recovery there was despair, in the portion of one drachm of creosote, to an ounce of water, made into an emulsion with gum arabic, and applied by means of a sponge to the affected part, and repeated in a few hours; all the more violent symptoms disappeared during the night, and on the following morning patient was so far improved, that further treatment with the remedy was deemed unnecessary. Subsequent cases treated with the remedy, recovered.

Reduction of a Dislocation of both Bones of the Forearm Backward, five months after the accident; by W. F. Westmoreland, M. D., Professor of Surgery in the Atlanta Medical College; Atlanta Medical and Surgical Journal, April, 1866.

The standard authorities on surgery do not justify an attempt at reduction of dislocation of elbow joint, after the lapse of five months, as is shown by quotations from Vidal, Boyer, Gross, Erichson, etc., though many successes are on record. Are we ever justifiable in an attempt to effect reduction of the elbow joint

five months after displacement? In my judgment, the attempt should always be made when there are no marked contraindications to the procedure. The frequency and dangers of accidents, which sometimes result from attempts at reduction, have, I am confident, been greatly magnified, having witnessed, both in the hospitals of Europe and America, in the past fifteen years, a number of attempts at reduction of old dislocations, and I have made several attempts myself, and in no instance have I seen unpleasant results.

Mrs. D., twenty-two years of age, medium size, well developed muscular system, five months after dislocation backward of both bones of forearm, had replacement successfully effected on March second, in the following manner: The patient was placed upon the edge of the bed, partially turned upon the side corresponding with the injured arm, with the shoulders slightly elevated, and fully under the influence of chloroform. Seated upon the edge of the bed, and with my knee in the bend of the arm, I forcibly, but slowly flexed the arm to near a right angle, breaking up new attachments, putting upon the stretch, and to a certain extent elongating the triceps muscle; after repeating this flexion several times, one assistant grasped the forearm with me, while another placed his forearm in the bend of the elbow, so as to act more directly upon the articular surface of the humerus than could be done with the knee, the knee being kept in the same position, not only until the arm of my assistant, in making counter extension, but by its contact with the bones of the forearm, when the arm was flexed, acted as a fulcrum to raise the coronoid process out of the olecranon fossa, and over the articular surface of the humerus. Extension was now made, commencing with the arm flexed to an angle of about forty-five degrees, and as the extension was continued, gradually approaching a right angle. The extension was continuous, and the force gradually increased. In a very few minutes, it was evident, that the soft parts were yielding, and that the bones were changing their position. In less than twenty minutes after the extension was commenced, the reduction was accomplished. The forearm was flexed to a right angle, and secured in that position by adhesive plasters passed from the forearm to the shoulder, and to the arm. The after treatment consisted in allaying pain, and the application of cold to the joint. The pain continued for forty-eight hours. The tumefaction at the expiration of forty-eight hours was considerable, extending from the wrist to the shoulder. The functions of the radial artery and ulna nerve were considerably interfered with. The sixth day after the reduction, the tenderness and tumefaction, to my surprise, had subsided to a considerable extent; on the seventh, passive motion of the elbow joint was begun and continued once a day.

When she left for home, on the fourteenth day, the tenderness, tumefaction and paralysis had greatly subsided, and she was able to slightly flex and extend the forearm.

On the management of the Third Stage of Natural Labor; D. Warren Brickell, M. D., Professor of Obstetrics in New Orleans Medical School, *Southern Journal of Medical Science*, May, 1866.]

The results of my own experience in observation of the third stage of labor, are

First.—That a considerable number of women will, unassisted, extrude the placenta within a half hour after delivery of the child. I think the proportion of these cases is about one third.

Second.—I notice that a considerable number of women—probably about one third—unassisted, only extrude the placenta after a lapse of two to six hours.

Third.—Of the remaining third, I notice that probably nine tenths, if unassisted, will extrude the placenta—generally more or less decomposed—somewhere between six hours and five or six days after the delivery of the child. I think the remaining tenth of this latter third, will call so loudly for assistance, that the most conservative (so called) practitioner will find the call irresistible.

Fourth.—Among the cases delivered within the first half hour, hemorrhage was not uncommon. Among the last third, hemorrhage, incarcerated placenta, putrid placenta, metritis, metro-peritonitis, secondary engorgements and displacements of the uterus, long protracted illness, even deaths occurred.

For fully ten years past, I have been in the habit, in every case of natural labor, delivering the placenta manually and promptly; that is, so soon as I divide the cord and dispose of the child—and not in a single instance have I seen the slightest evil result. More than this, in every case of *abnormal* labor, as soon as I effect the delivering of the child, I deem it my duty to promptly deliver the placenta, unless there be a most positive indication to act otherwise, and this will very rarely be the case. Take hold of such portion of the placenta as you find at the os uteri, (and if the uterus be contracting the placenta in some part, most generally the middle is there,) and turning it on its axis, make *gentle* traction. While you are thus manipulating with the right hand, you press the left over the uterine region externally, and you thus determine whether the uterus is contracted as the placenta leaves its cavity. No other than *gentle* traction is ever necessary. The object to be accomplished by turning the placenta upon the axis in the uterus, is to insure its complete separation, improbable as it is, that there is some portion still undetached.

While I recommend the prompt removal of the placenta, it is required the uterus be contracted down upon it. When the child is taken away, the uterus may not follow it energetically, and the placenta may not be detached. It must then be seen to, that the uterus is contracted before the placenta is withdrawn, else, even by what is deemed the gentlest traction, inversion of the organ may be caused.

Wherein does the great danger lie, of extruding the placenta soon after the birth of the child? The truth is, that soon after the extrusion of the child, we find all things in better condition for the delivery of the placenta, than we ever after find them. We find the vulva more flaccid, and we find its sensibilities blunted by the recent passage of the child; and the hand can be introduced without distress to the woman. This advantage is rapidly lost by lapse of time, as the muscles in many cases rapidly recover their tone, and they are always more or less irritable after labor. Again, immediately after extrusion of the child, the os and cervix uteri are flaccid, to an extent not again to be expected. So far from nature keeping an open os in waiting for a retained placenta, the

distinct tendency is to close the way, and one of the worst complications in parturient cases, is what is called "incarcerated placenta;" that is, the placenta is not only retained *in utero*, but the os closes to such a degree, as to resist its passage, under the efforts of the uterus to cast it into the vagina. Immediately after delivery of the child, the way is thoroughly open, the fingers are easily passed into the placenta, and the mass is easily withdrawn—and all with no more pain to the woman, than is connected with the contractile effort of the womb, as we extract. Encounter one case of incarcerated placenta; find yourselves obliged to inflict on the woman the pain of dilatation of vulva and os uteri; experience the difficulties of dilating the os; and I feel assured of finding practical subscription to the soundness of the views I have urged.

Another reason for the prompt delivery of the placenta, is the comfort of the woman, it being demonstrated, that it, so far from compromising her safety, actually promotes it. Of course, physical comfort and mental quietude are secondary considerations to real safety, but they demand our unqualified attention when safety is the result of the practice urged—the dangerous popular dogma—"meddlesome midwifery is bad"—to the contrary notwithstanding.

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ENDOSCOPE, an instrument invented by M. Desermeaux of Paris, does not strike Prof. Chas. A. Pope, who has seen its application in the hands of its inventor, as being of much practical value. By means of a perforated mirror, placed obliquely and arranged precisely like Hutchinsons' ear speculum, the light of a lamp is protected through a silver tube into the urethra, the changes of whose walls we may plainly see, as also the margin of the prostate, and the interior of the bladder. This last is accomplished by an angular catheter having a small glass window at the convexity or apex of the angle, which, while permitting vision, prevents the flow of urine which would obscure it. The inner surface of the bladder can be plainly seen, vascular ramifications on a whitish ground easily distinguished. M. Desermeaux deserves credit for his persevering efforts, and it is to be hoped that through the instrumentality of his urethroscope, or endoscope valuable additions to our means of diagnosis and treatment may yet be effected.—*St. Louis Medical and Surgical Journal.*

SELECTED.

Modern Medical Ethics; or State Maxims in Medicine. By Philo-Ethicus, Artium Magister, etc. From the Medico-Chir. Review.

Medical ethics (in the modern sense) must be considered the most important branch of our professional studies, because it involves the SCIENCE of life (a knowledge of human nature,) and the art of turning that knowledge to the greatest possible advantage. Now, it is very remarkable, that, although this noble science, of life, this useful, art, has been cultivated with great success during the last twenty years, and is now brought to the highest degree of perfection, not a line has been written on the subject, or any code of instruction put on record for the benefit of the rising or the falling generation! It appears to be what lawyers call the *LEX NON SCRIPTA*:—it is perfectly well understood by adepts; but hitherto it has been thought incapable of taking a tangible shape, even under the creative power of the press. We believe this is partly true; for much of the noble art is, like the tact or even the skill of the physician, incommunicable by words. But still we hope to show, that there are fundamental maxims in medical ethics, which will prove useful text books for those who are desirous of making progress in the art. Some one has said, “*ars tota in observationibus*”—that is medical practice consists entirely in the treatment of single cases. So in medical ethics, the whole consists in isolated maxims founded on observation. These maxims require no particular arrangement—at least, we will give them none—but we will set them down as they occur to our recollection, and solicit the assistance of our friends in augmenting the list from time to time. We shall commence with the medical man’s initiation in practice. With the previous education, classical or professional, we have nothing to do. There are different opinions respecting the necessity for either; and we shall not attempt to unloose the Gordian knot.

MAXIM I.

Set up your carriage. Without this symbol you cannot get into practice—without it, you could not get through practice—and without it, you should not go out of practice. To get into practice, let your carriage be elegant, your liveries splendid, your horses very fast goers. If they run over half a dozen hapless pedestrians annually, and your coachman is punished by the magistrates, all the better. Even an occasional deodand will be a God-send, in the way of reputation. To get through practice, you may slacken your pace—reduce the breadth of the embroidery on your liveries—paint your carriage but once in three years—and exchange your blood horses for common jobs. To get out of practice, it is not essentially necessary to put down your carriage. There are many other auxiliaries, which it would be useless to mention. The process is somewhat analogous to that of parturition—it is wonderful what nature and time will do in this way!

You should never be seen lolling about in your carriage, “spying farlies” out of the windows. Always appear to be making notes of your appointments; and ever and anon call out to the coachman to

quicken his pace. Be sure to have an inkstand pinned in the front of the carriage, and keep the seat strewn with letters from your patients.

MAXIM II.

Dress and address. Great attention should be paid to these, while getting into practice. When your reputation is firmly established, your dress may be slovenly, even to malpropete—and your address may be uncourteous, even to rudeness, with considerable advantage. Strange as it may appear, it is yet a certain fact, that it is nearly as difficult to throw off, as to acquire a well earned fame in medicine. On the other hand, fame without a solid foundation, is like a ship without ballast—liable to be upset by the first squall.

MAXIM III.

Never appear at the opera, theater, public assembly, private party, or medical society, without a well arranged plan of being called out; in other words, of being “particularly wanted,” to attend some patient in great danger. If any noted personage can be prevailed upon to lend his or her name, as the appellant on such occasions, the patronage will be invaluable. The moment the call is made, you are to bustle forth, otherwise the advantage of a personal recognition may be lost.

MAXIM IV.

Hospitals and Infirmarys. There is now some discrepancy of opinion, respecting the policy of connecting yourself with a public institution. If you are very clever, you will hardly want such an auxiliary—if very much the reverse, you may stand a chance of some unpleasant exposures. In all cases, it is very proper to present yourself as a candidate—taking care to procure a long list of testimonials for the printed circular and for the public advertisement. If defeated, you have “made yourself favorably known to the public,” and are entered on the list for every future contest.

MAXIM V.

You must, by all means, make a collection of diseased structures, by begging all morbid parts that your friends may meet with. It is not of the slightest importance, that you should be acquainted with the histories of the cases. The specimens of the diseases, or “bottle imps,” you are to keep ranged in the room where you see your patients, or in a neighboring apartment, and you should take care to show them to all your patients, telling them that these were the only cases which you failed to cure, in your extensive practice, and that they are now bottled up for the benefit of the living, as they enable you to detect diseases with unerring certainty. This is a measure of the very first importance.

MAXIM VI

Supposing, which is not very likely to be the case, that you have made any useful discovery in medicine or surgery—you are not to be such a simpleton as to reveal it openly to your professional brethren, who would instantly take advantage of it, without thanking you for your candor. No. You are to manage this point with great care and caution. A complete concealment of the remedy would subject you to the imputation of quackery—but you may throw such obscurity about the preparation, the dose, the administration, and so forth, of the medicine, while, at the same time, you dilate so amply on its miraculous efficacy, as to draw to yourself the whole practice of the

remedy. If it be a piece of surgery, as straightening a crooked spine, widening a narrow channel, removing a troublesome exerescence, or, in short, performing any operation, then you are to show that a peculiar manual dexterity, which cannot be described in words, has given you a facility and success quite worthy the attention of the public.

MAXIM VII.

If you are dubious of success, become a violent sectarian or politician. You will then be sure of employment among one party. Half a loaf is better than no bread.

MAXIM VIII.

THE GRAND SECRET.—The keystone maxim on which all the great principles of medical ethics rest, has not yet been stated. It is to occupy a great portion of your nightly studies and daily avocations. You should not move a step without it. It is to the medical practitioner, what the compass is to the mariner—what the pillar of light was to the wandering Israelites. It consists in the constant habit or practice of extolling yourself and depreciating your neighbor. This is, fortunately, not only the most useful maxim, but it is that which is most easily put in execution, and has the widest field for its application. No day in the week, nor hour in the day, can pass without presenting you with abundant opportunities for working this grand engine of advancement. It has this advantage, too, that it may be practiced, by way of amusement, at those periods when you have no other kind of practice on hand. All your friends can assist you in this way, without opening their purse—and a gossiping female, with a long and nimble tongue, may go far to make your fortune.

It is of great importance, however, that you should acquire adroitness and tact in the exercise of this leading maxim. Gross self-flattery might draw on you ridicule—and open defamation of your neighbor might draw on you the harpies of the law. Thus, suppose you are called in to a dangerous case, where another practitioner has been before you. You are not to say, in the presence of competent witnesses, that your predecessor had murdered, or poisoned, or ruined the patient. For doing so, £500, with costs, were paid not a thousand years ago. If you have a particle of expression in your countenance, you may by looks, and gestures, and tones, and monosyllables, effectually harrow up the feelings of the parents or friends, and convince them, that the life of the patient has been endangered or lost by the practice hitherto pursued.

“Sunt verba et voces quibus hunc (vexare) dolorem,”

The less danger there is in the case, the more decidedly must you make it appear, that there is now scarcely a chance of recovery—but nevertheless, you will make one effort to save life. A cure performed under such desperate circumstances, will greatly spread your own fame, while it fulfills the other part of the grand maxim, by depreciating your neighbor.

In all cases, without exception, where you are separately applied to as the secondary or tertiary consultant, you are to express your regret, that you had not seen the case before it had gone thus far. By this expression, you do not entirely violate the truth, and even if it comes to the ears of the former consultants, you may defend the expression, as one used by the very first authorities in the profession.

If an opinion has been given by your colleague or colleagues, as to the nature or seat of the disease, you are always to give an opinion somewhat different—and take care that the parents or friends of the patient know it.

EDITORIAL.

QUID NUNC?

In a work published in London in 1839, with the title of "Physic and Physicians; a Medical Sketch Book, etc.," a chapter is devoted to the subject of providing for the disposal of medical practitioners, so as to relieve the general population of the onus of plethora in the body of the medical profession, and discussing places throughout the known world, to which practitioners were advised to remove, with some probability of obtaining a living. Of course, the United States offered a wide field, and New Orleans was especially presented, as alluring to adventuring men, flying from certain want to promised plenty.

It is not believed, that the writer of that chapter of advice would now find, in the paucity of educated medical men of this country, a means of relief to his feelings of sympathy in pointing hitherward, as a source of hope to the desponding practitioners, for whose future he was anxious.

The annual catalogues of the medical colleges of these States have been issued since the termination, in March, of the commencement season. All of these have not been received, but enough to give assurance that the ranks of the profession here are in no danger of needing recruits from the schools of other countries—enough to give assurance, that neither accident, disease, or superannuation can make inroad upon the number of medical administrators with so much rapidity, as to prevent the vacated places from filling by doctors made at home, and under a code of ethics, which gives surety, that the title has been properly won, and is not borne as a certificate of a terminated apprenticeship, or worn, as in Wirtemberg, by an executioner, whose each succeeding official act had given him a new title, until he completed a particular number, when he attained the acme of honors in the reception of the degree of *Doctor Medicinæ*.

The catalogues of ten schools publish the fact, that at the commencements terminating their last winter courses, there were nine hundred and twenty-five graduates, or a fraction more than ninety-two to each school. It is fair to give the average to each school throughout the whole country, and without paying attention to strict accuracy, assume forty faculties to have labored in this mission of love to mankind, during the past winter with such effect, as to have admitted, by the honors they conferred, three thousand six hundred and eighty, to the ranks of self sacrificing devotees to science and humanity, pledged to promote virtue, live soberly, and observe gentlemanly deportment.

It is not convenient now to consult the census of the United States, to establish the ratio of practitioners of medicine to the people ; but data is readily commanded, on which to estimate the extent of population requisite to accommodate these new graduates with material for the work to which they have been educated. Dr. Maurice Raymond, of Paris, computed the average number of doctors in the capital of France, from the year 1640 to the year 1670, not to have exceeded one hundred and ten ; and the population was reckoned at five hundred and forty thousand souls ; or, one doctor for every four thousand nine hundred and nine inhabitants. But during this nineteenth century, the proportion has very essentially changed. The population of Paris is reckoned at one million seven hundred and forty thousand souls, and the medical corps as one thousand eight hundred strong ; or one doctor to a fraction more than nine hundred and sixty-six inhabitants. Statisticians have, many years ago, affirmed that there were in the United States, seven hundred and seventy inhabitants to each practitioner of medicine ; but the figures are at hand regarding Paris, the great capital of observation and professional learning, where medical savans most do congregate, and it seems altogether proper to take the proportions sustained there, as applicable for the purpose now intended.

On this basis, there will be required a new population of three millions five hundred and fifty-four thousand eight hundred and eighty souls to supply the graduates with op-

portunity to develop attainment and exercise skill. This, of course, is on the presumption of a full supply of the demand at the time the graduation was accomplished; and in full reliance on the assertion of Dr. W. Hunter, that "success in the medical profession *always* attends the diligent," a quality which the graduates have exhibited themselves qualified to exercise in attaining the degree, and which, surely, they will exert for commendation and pecuniary reward from the public.

The line of calculation from the same basis, presents our country very rapidly increasing in the number of inhabitants, and, of course, with equal pace advancing in science, improving in the arts, and enhancing in power; and thus it follows, that the medical profession, through its colleges and professors, creating demand for population, becomes the greatest of influences promotive of civilization, and adding largely to the power and glory of the government. But the influence is not alone of this character. The large increase of numbers of inhabitants, has given to it by the medical profession nine hundred and seventy-five ensamples of pure morality. For each one of the colleges has a faculty consisting of not less than seven sage men, constituting an aggregate of two hundred and eighty teachers, bound by an ethical code, that demands from them perfect freedom, in walk and conversation, from any immorality in any degree and of any kind; and that does not permit them to admit others to enter the profession, without "an obligation to exert, each one, his best abilities to maintain its dignity and honor, to exalt its standing, and to extend the bounds of its usefulness, and to observe strictly such laws as are instituted for the government of its members." And as these particular two hundred and eighty teachers, are not simply doctors, but exercise the high function and responsibility of admitting to the privileges and immunities of the doctorate, it would, indeed, be keeping company with scurrility, to doubt, for a moment, their uniformly, and in every particular, personally exemplifying each injunction they have laid upon those nine hundred and twenty-five, in sending them into the world, deeply impressed with all that these words of the code of ethics are capable of impressing:

"There is no profession, from the members of which greater

purity of character, and a higher standard of moral excellence are required, than the medical; *and to attain such eminence, is a duty every physician owes alike to his profession, and to his patients.* It is due to the latter, as without it, he cannot command their respect and confidence, and to both, because *no scientific attainment can compensate for want of correct moral principles.* It is, also, incumbent on the faculty to be temperate in all things, for the practice of physic requires the unremitting exercise of a clear and vigorous understanding; and on emergencies, for which no professional man should be unprepared, a steady hand, an acute eye, and an unclouded head may be essential to the well being, and even to the life, of a fellow creature."

Each ninety-two of the graduates, having had this avowal of the code of ethics practically illustrated by their seven teachers, respectively, are prepared themselves to go into the world and give it illustration before the eighty-three thousand and eight hundred inhabitants—their proportion of those dependent upon doctors for relief from physical pain, for soothing to mental anguish, and for comfort under circumstances of agony, and in the moment of death. What a power for good, then, is to be accredited to the medical profession in enlarging the sphere of its operations, by annually adding a thousand or more to the number of practitioners, each one of whom, if he complies with his obligation, lives soberly, promotes and protects virtue, and deports himself as a gentleman?

The profession has made its law, and if it is not observed, and people suffer, the fault cannot properly be charged to the profession, however certainly offense comes through an individual member—but properly chargeable to that proportional number of inhabitants who sustain him, notwithstanding his defections to his obligations in his calling.

MEDICAL JOURNALISM.

The number for March, 1866, of the Medical News and Library, announces as a fact, that "medical journals are starting up in this country with astonishing rapidity;" and after giving the names of a half dozen or more of the new aspirants for favor, concludes thus:

"Whether this is a propitious period for such a rapid multiplication of journals, or the profession are rich enough to

furnish them material support, time can best determine. Without wishing to repress the ardor of the proprietors of these enterprises, we may state the fact, that in the most prosperous times, not more than two or three journals ever received sufficient literary or pecuniary support, and we can only express a hope, that it may prove otherwise at present."

"The News" is the monthly visitor to the subscribers of the "American Journal of Medical Science," so long and so ably conducted by Isaac Hays, and it is a source of real sorrow to give in quotation words of discouragement from such a source.

The hope expressed was doubtless indulged; yet there is much of the ironical, designed or not, in appealing to a want of riches in the profession to account for any lack of material aid, that may be encountered by the medical journals. Every year the members of the profession contribute to sustain several newspapers, in addition to magazines; and not one doctor, who, besides, does not waste more than would be sufficient to supply him with two or three of the journals devoted to the subjects with which it is his business, and should be his pleasure, to be most conversant. There is some other reason, it is apprehended, than poverty in the members of the profession. If so, is it not to be found in the fact, that but two or three of the successful journals of the most prosperous times, so commended themselves, as to have the regard which properly belongs to journals which are, in truth, organs of the profession? Is it not to be ascribed to the fact, that not more than two or three of those journals of most prosperous times, exhibited a higher character than mere advertising sheets—like almanacs furnished by patent medicine vendors—for medical schools, the profit being in the number of students, not in the subscription lists, and giving occasion to Holmes' wit, as in the remark: "The ring of editors (of medical journals) sit in each others laps, with perfect propriety, and great convenience it is true, but with a wonderful saving of furniture."

The American Journal of Medical Science has been sustained now more than thirty years. It has never permitted itself to be prostituted by any chartered organization, but has, at all times, with just judgment, selected for publication from

communications sent to it from all parties of all points of the country, with an eye single to the good of the profession it represented, and has never wanted either material or literary support. At different times, efforts have been made to sustain other medical journals in Philadelphia; and though these have been under the control and conduct of men well educated and qualified to elicit effort in behalf of their journals, yet all have failed; and mainly, it is thought, because they were in the interests of particular cliques or schools. One exception presents in the Medical Reporter. Originally begun in an interior town by its projector and editor, Dr. Butler, it soon attracted attention from all parts of the country, and rapidly acquired such evidences of its own merits, as to induce its proprietors to remove the publication office to Philadelphia, where, without affiliating with any clique, or pandering to the purposes of any school, it has amply sustained itself, until now, it is a welcome visitor to physicians' offices and studies, and takes in every state of this government. It is regarded as an organ of the profession; and it is believed that any journal conducted with a view of benefitting the profession, and exhibiting in its issues evidences of effort to attract professional men—for the common good, will inevitably meet with a warm and cordial reception, accompanied with abundant material aid.

But money is not *the* support of a medical journal; the wisdom of the medical profession must be laid in no meager quantity upon the journals' pages, lest it will inevitably perish. Money is the chaff, inseparable from all undertakings as society is constituted, and is as necessary to the preservation of the more important elements of journalism—imparting information, and instigating “the noble emulation of those who can best work and best agree”—as the chaff is essential to the perfect formation and successful preservation of the grains of wheat, in which reside the life giving qualities required by animal organization. The larger number of those constituting the medical profession, are men in every way competent to prepare such papers as would not only give standing to a journal, but demand respect from wise men, and advance the well being of society; and unless these come forward to aid, journalistic effort must prove a failure. It is time that men should quit deriying satisfaction in having attained their de-

sire to acquire the ephemeral influence that gives them patients, from whom they may, for services actually rendered, receive the reward to which they are most justly entitled; time to quit the character of the mere practitioner of medicine, appropriating the observations, reflections and labors of others, without any attempt, however feeble, to return the debt, by placing upon record, it may be at the cost of some mental and physical trouble, their own observations and reflections. In all sincerity, is it honest? or, if it does not involve crime, candidly, is it not a delinquency, at least, dishonorable? The questions are not intended to prove offensive; but it is anxiously desired, that they may so impress each one at all amenable to their spirit, as to induce him to assume more the character and duty implied by his title—induce him to be not only the practitioner, but, indeed and in truth, a physician. The physician appreciates the demands of poor humanity, as well as the value of united personal observations, and appropriates those made by others, and records those made by himself—receiving benefit, he tries, in some degree, great or small, to reciprocate—impelled by the sentiment so happily expressed by Godman: “The war tramp and the muffled drum, and the measured tread of armed men, and the musket shot pealing over the grave, honor the death of the soldier, the slaughterer of his brother man. But the student who meets his death, battling for truth in the great avenue of science, passes to an unknown grave, followed by the regrets and the tears of the few who know his worth. Yet there is another judgment and another reward than that of man. A brighter glory will arise from the obscure grave of the unknown student, than ever yet surrounded the blood stained monument of the warrior of an hundred fields.” He dies bravely, sustained by the christian’s hope, indulged in the proud satisfaction of having attempted the discharge of a known duty.

The *Medical and Surgical Monthly* presents itself as a medium for professional communication, and a channel for presentations of observations and reflections, and places a means at hand, while soliciting each one to be liberal to his neighbor, and just toward those from whom he has borrowed.

MEDICAL POLITICS.

Southey wrote—“Man is a dupable animal, quacks in medicine, quacks in religion, and quacks in politics, know

this and act upon that knowledge." And another has said—"Human credulity is too strong to resist the bold and unblushing assertions of the empiric, and to his hands is readily committed the care of the more precious gifts of heaven."

Credulity and ignorance are esteemed to be inter-dependent; and the success encountered by any medical man, who wields these forces in his advancement, and control of public opinion, places himself, even though he be a graduate, and professes compliance with the ethics of the American Medical Association, in the arena, as a contestant with quacks, charlatans and pretenders.

The duty of a practitioner of medicine, who would come up to the full stature of a man in the profession, is to enlighten the public on subjects connected with medicine, as a vocation, that it may be shorn before the public of all mystery, and of singularity, which alone give to the pretentious all the influence they exercise.

Dr. Jacob Bigelow says: "The deficiency of the healing art is not justly attributable to any want of sagacity or diligence, on the part of the medical profession; but is to be ascribed to the apparent fact, that *certain morbid processes in the human body have a definite and necessary career; from which they are not to be diverted by any known agents, with which it is in our power to oppose them.*" And the same position has been defended by Forbes, of England, who, for very many years, was editor of the leading periodical of the medical world; and such is the opinion of every one who has closely investigated, and devoted powers to combat diseased action. A truth, in its simplicity, is presented to the public, and given in the spirit of other language used by Bigelow: "The importance and usefulness of the medical profession, instead of being diminished, will always be elevated, exactly in proportion as it understands itself, weighs justly its own powers, and *professes simply what it can accomplish.* The dignity of our science, and the responsibility of our profession, require that we, medical men, should form just views of the extent of our duty, and that we should not shrink from avowing them to the world. Let us not bring our science into disrepute by pretending to impossibilities, by asserting what can not be proved, and by professing what human art is unable to accomplish. A new era will dawn upon medicine, when its faithful and enlightened cultivators shall more constantly

devote their time and their efforts to enlighten the public mind, in regard to the true mission and power of their science ; and where they shall leave to charlatans and fanatics the doubtful and dishonest game of unfounded professional pretension."

HEROIC DOSES.

We see paragraphs in several of the medical journals, simply alluding to a paper read before the Medical Society of South Western New York, by Dr. C. K. Irwin, on the use of one, two and three drachm doses of acetate of lead in uterine hemorrhage. Such doses would naturally make a disciple of Hahnemann tremble, and cry out with wild horror. In fact, the sensibility of practitioners of olden times, when medicine was occasionally shoveled down, would, no doubt, be slightly shocked by such heroism, though the result was, as claimed, successful.

In its use in uterine hemorrhage, dependent upon a retained placenta, he does not wait for it to be delivered—claiming it will expel it, while at the same time instantly control the hemorrhagic discharge. The use of such over doses is uncalled for, and aside from the liability to produce spontaneous vomiting, and excessive prostration, there is danger of poisoning. This would almost certainly follow, and perhaps cause death, if the liver was at the time in a torpid or lethargic condition, the secretions locked up, the bowels constipated ; or if this was not the result, the alimentary canal would be injured, by causing severe colica pictonum, and perhaps partial loss of muscular power. Fortunately nature is ever watchful of her vitality, and her self-preservation prompts efforts for her own safety. Emesis is excited, and the surplus and uncalled for load is thrown off. Should those natural powers be impaired from the above doses, untoward results might be expected—would almost certainly follow.

Such teaching has another baneful effect. It makes thinking, reasoning men, outside of the profession, fearful of being over drugged, peculiarly sensitive when diseased, and inclined to put off the taking of prophylactics, until disease is firmly fixed upon them. While the advocates of little pills,

and little medication, use it as a bugbear to frighten the timid, thoughtless, and unreasonable, whose tastes and fancy are taken for common sense and sound judgment.

This subject, also, calls for a passing glance and suggestion in regard to one point particularly spoken of by the writer of the article—that is, that these doses will control uterine hemorrhage, dependent upon a retained, or expelled placenta. Granting it to be true, would not other remedies be more in accordance with correct pathology, established treatment and practical sense? If caused by the first, its removal by the hook, forceps, the use of ergot, or some other direct stimulating astringents, would be demanded—followed by, or accompanied with, brisk manipulation over the hypogastric region, until the uterus is closely contracted upon itself, and the cause of the discharge removed. If upon the latter and excessive, the same continued active efforts, with the use of the tampon, with moderate doses of the acetate of plumbi, say four to eight grains, repeated at short intervals, if necessary, to check the evil. In this manner the desired end would be accomplished, without endangering functional organization, or life.

W. H. W.

SPECIAL NOTICES.

Freely and conscientiously, we commend to physicians the "Southern Journal of the Medical Sciences." It is published at New Orleans, quarterly, at \$8.00 a year, single number, \$2.50.

That veteran in the work of medical periodical literature in the south, E. D. Fenner, M. D., is the senior of a corps of editors, whose energy has been, individually, exhibited in the various fields of professional labor, with such effect as to entitle any enterprise, in which they are engaged, collectively, to the success it will almost certainly achieve.

The professional corps of Memphis has had strength added to its organization. Benj. W. Avent, M. D., quondam Surgeon General of the Army of the State of Tennessee, and Medical Director C. S. Army, has adopted this city as the field in which he will hereafter labor, in the prosecution of science for the good of humanity. Those here, who have, in time agone, sustained any intimate relationships with him, as a man, as a physician, or as an officer, give to him an all hail!

IN MEMORIAM.

Just as the last form of this number of the *Monthly* was being closed, accident threw into our hands the New Orleans Picayune, May 5, 1866, and we read the mournful fact recorded below. E. D. Fenner was estimable and was esteemed; the city of New Orleans has lost much, and the profession of medicine in the southern states, yet more, in the death of such a man:

“Our whole city was greatly surprised and shocked to read, in our yesterday evening’s edition, the obituary notice of Dr. E. D. Fenner, so long a respected and honored citizen of New Orleans, and one of the most distinguished of the faculty. Dr. Fenner had not reached old age, and we were not aware that his health was not good. He was a gentleman of great regularity of life and habit. Born in Tennessee, he had resided and practiced his profession in that state and in Mississippi with great distinction and success. He was an industrious investigator and student of science, and wrote on medical and other questions with great ability.

“Dr. Fenner had resided in this city twenty-five years, and was a Professor of the School of Medicine in this city.”

AMERICAN MEDICAL ASSOCIATION.

Previous to the adjournment of the American Medical Association, at Baltimore recently, the following nominations were reported: President, H. F. Asken of Delaware; Vice Presidents, W. K. Bowling of Tennessee; J. C. Hughes of Iowa; H. J. Bowdich of Massachusetts; Thos. C. Brinsmore of New York; Permanent Secretary, Wm. B. Atkinson of Pennsylvania; Assistant Secretary, W. W. Dawson of Cincinnati; Treasurer, Casper Wistar of Pennsylvania. The place recommended for the next annual meeting is Cincinnati.

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ON DILATATION OF THE OS UTERI

During Labor by Incision. By A. K. Gardner, M. D., ex-Professor of Obstetrics, in New York Medical College, etc.

The *New York Journal of Medicine*, in a recent number gives a resume of the results of nine labors attended by Dr. Hildebrandt, of Konigsburg, where the labor was impeded by rigidity of the os uteri, and where, after ipecacuanha, opium, poultices, baths, bleedings and chloroform were all unavailing, incisions were made, after which all the cases were fortunately terminated.

Incisions were also made, with a like favorable result, in one case of convulsions, and one in prolapsus of the cord. The proposed risks that have deterred accoucheurs from the performance of the operation are then considered. He says: "It has been feared that the pain of incisions, in a part already irritated by a fœtal pressure, and in persons inclined to nervous disorder by prolonged labor, might be productive of mischief. This fear is wholly groundless; the incisions themselves being scarcely felt by the patient, and the relief actually afforded by them being very great. Others have dreaded an extension of the incisions during pain, so that they might come to involve the substance of the uterus, and produce the fatal effects of rupture. This is visionary. The incisions do sometimes yield a little, but never so far as to reach even the cervical portion of the womb; and the operator, by relieving an impediment to the advance of the fœtus, diminishes instead of increases the danger of rupture.

"Lately, it has been feared that excessive hemorrhage might attend or follow the incisions, but this fear is never

realized in practice. In cases that require such treatment, the os uteri is morbidly changed, and so bloodless that the hemorrhage from the incisions does not exceed a few drops. Where incisions are made into a healthy uterus, in order to effect a rapid delivery, the bleeding may be greater, but its source is always accessible, and it may, therefore, always be readily controlled, while in such cases, which are almost limited to eclampsia and placenta prævia, the danger from hemorrhage can never be equal to the danger of delay. The operation is chiefly indicated, however, in morbid conditions of the vaginal portion of the cervix, such as rigidity, hypertrophy, and malignant disease. For forced delivery, with a healthy cervix, the incision should be six or eight in number, and not more than three lines in depth."

This report is given as being something new in obstetric practice. March 3d, 1858, I read a paper upon this subject to the New York Academy of Medicine, and incorporated it in the edition of Tyler Smith's Lectures on Obstetrics, which I edited, and which now forms lecture xxxiv in the American edition, (N. Y., R. M. De Witt.) In that article I quote from the report of several cases where I divided the cervix uteri during labor, cases published in the American Journal of Medical Sciences, Philadelphia, October, 1846 and July, 1852. I will not quote them now, for any interested can easily find them; but I will take this opportunity to state that since publishing this work, I have again and again performed this operation, and never with any ill-result following. The last case was May 21, 1866—Mrs. Nelly M. æt 21. Three years or so previously, she was confined with her first child, with nothing peculiar except great after-flooding, but she was well for the following two years, when from some unknown cause, while living away from New York, she was taken with profuse leucorrheal discharge and accompanying inflammatory symptoms. Among other treatment, her physician gave her "very powerful injections into the vagina, which burnt her severely when using them;" but she was entirely cured after some three months severe illness, with great prostration, etc. She speedily became pregnant, and when she came to her labor her pains were very severe, os dilated very slowly, and then only to about the size of the bottom of a tea-cup; and then although the uterine efforts were very powerful, and the membranes finally becoming ruptured, further dilatation was stopped. After spending twelve hours with her, I passed a pen-knife blade, between two fingers, up to the os uteri, which felt like a whip cord under the finger, sharp edged and inelastic, and without effort, touched the

edge of the knife to the os in a half dozen places, making incisions of scarcely a line in depth. The os apparently dilated under these little *nicks*, and in an hour's time, a fine large child was safely delivered. When the os resumes its natural size, these cuts are absolutely imperceptible, and not the slightest ill-result is ever observable. The patient is utterly ignorant that anything unusual has been done. There is not half the danger or difficulty in doing this operation that there is in cutting a tendon in tencotomy; and perhaps now, that some one from the other side of the Atlantic not only endorses the operation, but claims it for himself, as his original idea, it may, perhaps, be accepted by the profession.

IS BONE ABSORBED ?

Read by appointment, before the Memphis Medical Association, April 26, 1866, by Frank Rice, M. D.

There are but few, if any, of the diseases embraced within the scope of surgical science better understood than those which appertain to the Osseous System. From the days of Celsus to the present period, this portion of the human organism has received the attention of medical men; and but little advance has been made in the pathology and treatment of affections belonging to this system. This may probably be accounted for from the fact that diseases of the bones are but few, and may be embraced under the heads of *Caries* and *Necrosis*, to which may be added such as results from accidents, and from injuries produced by different projectile bodies. It is not my purpose on this occasion to speak of these diseased conditions, but simply to confine myself to the question allotted for this evening's discussion, viz :

Are detached fragments of bone absorbed, and if they are, by what process ?

The unanimity of opinion among surgical writers, relative to the fact that detached fragments of bone, whether separated by disease or resulting from injuries, is such as to leave me but little to say at this time.

All the authorities that I have consulted, both ancient and modern, agree with my own observations, that where fragments of bone have lost their vitality, and are separated from their connections, *they act as foreign bodies*, which are to be removed from their positions by the powers of nature, or by the resources of art, when practicable and safe.

Experiments made by M. Flourens, of inserting portions of the bones of rabbits in contact with the periosteum and

within the medullary cavity of healthy bones of other animals, goes to prove that these inserted bones were not taken up by absorption; but acted as foreign substances, just as diseased and separated portions of bones, as in caries, or the shaft of a long bone, as in necroses, were never absorbed, but acted as foreign bodies in the localities where they were found, separated by morbid processes from the places they once occupied in the animal economy.

A volume might be written, and authorities almost "*ad infinitum*" quoted, to prove that dead separated bone always, and under all conditions and circumstances has been found to act as a foreign body, not removed by absorption, or any other vital process.

To prove the force of the foregoing assertion, I beg leave to refer to a few authorities, among many, which might be cited bearing on this subject.

In the *Dictionaire de Medicine*, Vol. 20, page 388, we find the following from Cloquet and Berard, "If the Sequestrum has been in contact with pus or granulations, arising from adjoining healthy bone, we will find it considerably altered in form and general appearance. Sometimes it is found in thin and irregular scales, and at other times in angular fragments, the surfaces rough, unequal and hollowed out into deep sinuses, which has given rise to the belief that a partial absorption has so changed them, but these inequalities and loss of substance are caused by the compression of the surrounding granulations upon the sequestrum, and from its being constantly bathed in pus."

And again they say on page 389, when speaking of *partial* necroses. The part necrosed may be in scales so thin, or even broken up into coarse powder by the macerative action of pus, that their discharge from the wound escapes the observation both of patient and surgeon, which has given rise to the erroneous opinion that they were absorbed.

Mr. Erichsen, on page 587, says "When once the dead bone has been detached by the formation of this line of separation, nature adopts steps for its ultimate removal from the body."

There has been no evidence that it ever, under any circumstances, undergoes absorption. Miescher has shown that the detachment of small scales of bone may take place by disintegration of their substance by a process of insensible exfoliation, as he terms it; this process is a purely mechanical and physical one, and probably goes on in all dead bone that is in contact with pus. Just as we see it take place in the ivory pegs used in the treatment of ununited fracture. It is this disintegration of the surface of the dead, together with the

absorption of the margin of the living bone, in the formation of the line of separation, that explains the fact that the sequestrum will always be found to be much smaller in size than the cavity in which it is lodged.

In the *transactions of the American Medical Association*, vol. 7th, page 566, Dr. Brainard, of Chicago, commenting upon the inference drawn by M. Flourens from his experiments in placing the rib of a rabbit in contact with the periosteum and medullary membrane, made use of the following language: "It will be evident upon a moment's reflection, that neither of these deductions result from the premises. In the experiment of the piece placed beneath the periosteum, it required twenty-six days to produce an irregularity upon the rib of the rabbit. In that placed within the medullary canal, the effect was much the same. Before drawing such an inference, it is necessary to know what is the effect of the temperature of the body, on the fluid of an abscess, upon the rib of a rabbit thus macerated for twenty-six days."

This is a point perfectly understood. The ossific granules are generally discoverable in pus, which escapes from a necrosed bone. If a specimen of this pus be examined under the microscope, a quantity of minute granular matter, readily soluble in dilute muriatic acid, may be distinguished among the pus corpuscles. This fact was noticed many years ago, and Mr. Bransby Cooper has ascertained by chemical examination, that a large amount of phosphate of lime is present in such pus. Mr. Gulliner has made the experiment of placing pieces of bone in contact with the tissues for many months without, in any case, finding them absorbed.

Dr. Gross in the last edition of his *Surgery*, page 53, is even more emphatic in his language on this subject than any that I have yet quoted. The third indication is to get rid of the sequestrum; for as long as this remains, it must necessarily act as an irritant—keeping up inflammation and discharge in the parts with which it lies in contact. It was generally supposed, until recently, that a dead bone during its sojourn among living tissues, was acted upon by the absorbent vessels, so as to diminish, more or less, its size and weight, the idea having apparently derived support from the altered and pitted condition of the surface of the affected piece. The notion, however, has been completely dispelled by the experiments of Mr. Gulliner, who ascertained, as might indeed have been anticipated, that such an occurrence is altogether improbable.

In military and civil surgical practice, we know that in gun-shot wounds and other injuries, producing compound

comminuted fractures, where immediate amputation is not considered indispensable to the safety of the patient, how important it is to remove all shattered fragments of bone, in order to secure a more speedy union.

In these cases, the removal, at once, of all detached fragments which may be found intervening between the fractured extremities, greatly adds to the chances of a speedy and certain union of the injured parts.

The rule here is, not to trust to the absorption of the loose pieces, (a process which never occurs,) nor to wait until ulceration and suppuration have been established for the removal of such detached fragments, to the detriment of the patient, and the almost certainty of a want of union with its concomitant evils.

OBSERVATIONS ON EPIDEMIC

And Endemic Diseases. By Lansford P. Yandell, M. D., of Fayette County, Tenn.

Epidemic and endemic diseases, in their nature, cause, propagation, and treatment, afford a wide field for discussion, and embrace some of the most difficult problems in medical science. It is not my intention in the following pages even to notice many of the numerous questions connected with these diseases, much less to discuss them at any length; but my purpose is simply to present a few of the conclusions at which I have arrived concerning some of them during a life of many years in the profession. At the present time, when the incursion of the most dreaded of these epidemics into our country is generally apprehended, the subject is possessed of special interest. Cholera is advancing in the direction of our continent by routes similar to those which it pursued in its former invasions, and from the fact that it has generally been observed, in successive marches, to follow nearly the same track, there is much ground for the fear that we are again about to be visited by this pestilence. Any addition to the fund of experience in regard to that disease, however trifling, is therefore likely to be acceptable to the profession.

The word *epidemic* involves the idea of disease from abroad—of disease coming *upon* the people; as contradistinguished from *endemics*, which were held by the author of these terms to originate on the spot, and spring up *among* the people. Epidemics were ascribed to some morbid agent pervading the atmosphere, or to some altered constitution of that fluid by virtue of which it engenders disease; and the hypothesis derived plausibility from the wide sweep of

such disorders. Any disease is now styled epidemic which prevails extensively among a population, or spreads widely over a country. Thus, we read of epidemic measles, epidemic scarletina, or even epidemic small pox. It is not to be credited that any distempered condition of the air can give origin to these affections unaided by the specific poison which produces them; but there are seasons, and even series of years, in which they spread with unusual facility, and the readiest reason that offers for their wide prevalence is some favoring state of the atmosphere. One constitution of the air is supposed to favor exanthematous diseases, another typhoid fever, a third dysentery, or cholera, and still a different one, whitlows, boils and carbuncles. That all these diseases and many others besides do assume in succeeding years something of an epidemic form is a fact of general observation, and that this is owing to some distemperature of the air is as good a solution of the problem as in our ignorance on the subject can be given.

It is a fact now well established that nearly all diseases termed epidemic are dependent for their development upon local conditions. Of those which in the last fifty years have prevailed in the United States influenza is, I believe, the only one which has seemed utterly to disregard all circumstances of place and season. This epidemic, in its milder shape, as well as in the malignant form of pneumonia typhoides which it assumed from 1812 to 1815, has prevailed alike in all situations and under all circumstances. No local influences appear to affect its diffusion. It afflicts towns and country, hills and valleys, marshy regions and dry districts with equal severity. Conditions in life, modes of living, filth, cleanliness, appear alike inoperative either to bring on or avert its attacks. It is by far the most diffusive of all the epidemics by which this country has been visited. Pneumonia typhoides prevailed to an extent not since approached by any subsequent epidemic, and its fatality was also probably greater than that of any disease which has spread over the continent. I remember instances in which whole families of from ten to eighteen members, in the winter of 1815-16 were swept off by it in a few days. There is reason to believe that this epidemic, at least, was connected with some altered constitution of the atmosphere. Upon no other hypothesis can its universality be accounted for. Not only did it spread all over the country, but almost everybody was affected more or less severely by it.

Yellow fever has long been known in America as an epidemic, but whatever opinions have heretofore been held in regard to it, its dependence upon local causes is now univer-

sally recognized. It is a disease of warm climates. It prevails only during the hot season. It is arrested by frost, but occasionally ceases in the midst of warm weather. It is pre-eminently a disease of cities and towns, though in recent years it has been known to travel up the Mississippi river into the country. It would appear to originate in a poison brought from abroad, but the poison is inefficient unless conditions are met with favorable to its development. Local causes of themselves do not generate it, for then the disease like diarrhea, dysentery and intermittent fever would return every summer; nor can the poison of itself establish the epidemic, for then it would prevail wherever the cause might be transported. Philadelphia was for many years subject to terrific invasions of yellow fever. After a time it ceased to appear; from 1807 to 1820 it was almost unknown in that city, and since the epidemic of the latter year it has not recurred. Since it can hardly be doubted that, in the interval, the poison has often been introduced as formerly, the conclusion must be that the favoring circumstances have not existed about the wharves of the city, owing to which the epidemic has failed to spring up. Even in New Orleans, Charleston and Savannah, where this fever so often prevails, there are periods of exemption, in which only sporadic cases occur. It may be that the peculiar miasm has not been introduced, but it is more probable that the conditions required to expand it into an epidemic have been wanting. Dengue, or as popularly called, Breakbone fever, is believed by some writers to have some alliance to yellow fever, and it certainly agrees with it in this, that it is nearly confined to towns and cities. In the fall of 1860 it prevailed extensively in Memphis; but while there were many thousand cases in the city, I heard not of a single case in the country, except where persons had come to town and there contracted the complaint. The poison was incapable of asserting its influence beyond the limits of the city, though so intense within that space as to affect not less than three-fourths of the population. It was epidemic in the sense of involving a vast number of people, but an epidemic most manifestly dependent upon local causes for its generation.

Epidemic cholera is of all diseases the one which has prevailed most widely upon our globe, and is perhaps, the one most feared by men. It appears to be indigenous to India, where it has been long known as a wasting pestilence. It is not yet quite half a century since it began to attract the attention of American and European physicians, and in that time it has twice encircled the earth. Setting out from Bengal where, in 1817, it committed great ravages, it traveled

slowly in the direction of Europe. It was not until 1830, an interval of thirteen years, that it reached Moscow. But from that time its march was rapid. We heard in this country of the dreaded plague at Sunderland in 1831, and the following year it was epidemic in North America. Early in June, 1832, it appeared in Quebec and Montreal. A few days subsequently it broke out in the city of New York. In autumn it reached Cincinnati, Louisville and St. Louis, and a few cases appeared in Lexington about the first of November.

At the time of the first advent of cholera the belief was almost universal, that the cause of the pestilence was an ærial poison, loading the atmosphere, which had been borne by it across the Atlantic. I remember being much interested in the speculations with which the venerable Professor Dudley was disposed to encourage his friends touching the probable course of the epidemic in this country. If it should descend at all upon so healthy a region as that in which Lexington stood, he maintained, the poison could not possibly long remain there, but must soon descend into the valleys below, as water runs down an inclined plane. Upon this principle, he predicted that while Lexington escaped the visitation, Louisville and Cincinnati, standing in basins of the Ohio, would probably be severely afflicted. It is evidence of how profoundly ignorant we are of the conditions necessary to the generation of cholera, that in the malarious atmosphere of Louisville the epidemic was comparatively light, while it prevailed in Lexington with a severity not often exceeded.

The few cases which occurred in that city, in November, were followed immediately by frost, which apparently arrested the disease for the time. During the winter the epidemic was quiescent throughout the country. Nothing peculiar marked the opening of spring. The earlier months in Lexington were dry but about the middle of May rains set in, which continued far into June. They were abundant and protracted, but such as were by no means unusual in that latitude. But in the midst of them cholera broke out, and to these rains in hot weather acting upon vegetable matter, all attributed the eruption of the epidemic. It prevailed a little more than a month in that city, and during that period, in a population of less than six thousand, five hundred died. Few towns around Lexington escaped, and the disease spread widely through the surrounding country. It extended to Nashville, and to Lebanon and Shelbyville, in Tennessee, and in all these places prevailed with great mortality.

During the subsequent year, I do not remember the re-

currence of the epidemic in any of the South-Western States, but in 1835, it broke out, among other places, in Murfresboro and in Versailles, a pleasant town twelve miles distant from Lexington. After this, my recollection is that, no more outbreaks of cholera were heard of anywhere upon the continent, until it made its second appearance in 1848.

Commencing again in 1847, its fatal march from India, where it had continued to be endemic, and pursuing a course almost identical with that of its first invasion, before the close of that year it had penetrated into Europe. By autumn of the ensuing year it had reached Germany and Great Britain, and in December was brought to the United States. The circumstances under which it came are instructive.

Two emigrant ships left Havre early in November, one for New York, the other for New Orleans, and both with healthy passengers and crews. At the time of their departure, cholera was not prevailing either in Havre or Paris, but before they reached their ports, the disease broke out on both vessels. The passengers to New York were landed on the quarantine ground at Staten Island, and in a short time afterwards cases of cholera occurred in the neighborhood, but did not become numerous, only three deaths from it in the city of New York were reported. But the vessel sailing to New Orleans carried the disorder into a region favorable to its dissemination, and in a little while it had spread south into Texas, and as far north as Clarksville and Nashville, without, however, becoming epidemic in the latter places. During the winter it was comparatively dormant, but on the return of spring it assumed its true epidemic character, and swept once more over the continent, reaching the cities of San Francisco and Sacramento in October, 1850. It continued to appear at intervals in different parts of the United States, and on boats navigating the Mississippi, until the summer of 1854, when for the time it took its departure from the country.

The following are some of the conclusions at which I have arrived as the result of my experience and observations during the two epidemics of cholera through which we have passed.

1. It is not a contagious disorder. The correctness of this position has been established by an amount of evidence so ample that it would be difficult at this day to find a medical man who holds the contrary opinion. It appears to me most desirable that the public mind should be relieved of any lurking suspicions in reference to this matter, inasmuch as it creates needless anxiety and has led to neglect or abandonment of the sick in time of the epidemic. The fact ought to be made universally known that nurses and physicians, those in im-

mediate and constant contact with the sick in hospitals, have not been more subject to cholera than persons who have been most cautious to avoid the disease.

2. It is a portable disease. It is transported from point to point by commerce and travel; and hence we see that its progress is most rapid where the means of intercommunication are most perfect. It was thirteen years reaching Russia from India, in 1830. From Russia it was disseminated over all Europe in a year, and crossed the Atlantic to America in less than a month. It was introduced into Canada and New York from England and France in 1832, and from those points it was brought west to St. Louis, Cincinnati, Louisville and finally to Lexington the same year. No one can doubt that in 1848, it was transported by the emigrant ships sailing from Havre to New York and New Orleans, many of the passengers having come from Germany, where the disease was epidemic.

3. It is dependant upon certain unknown causes for its ability to spread at any point after being introduced. Thus in the latitude of New York, the cold of December was fatal to its dissemination, but in New Orleans it met with the elements necessary to its propagation in mid-winter, and ripened into an epidemic. For reasons not understood, a particular spot often escapes the pestilence whilst all places around are afflicted, and then, after the lapse of months or years, is visited in the midst of prevailing health. For example: the town of Versailles, about midway between Lexington and Frankfort, and not five leagues distant from either, enjoyed perfect exemption from cholera in 1833, while the disease prevailed in both these places. But in August, 1835. when the pestilence had almost ceased to be dreaded in Kentucky, and when all the neighboring towns were enjoying health, the epidemic fell upon Versailles with remarkable violence. No difference was perceptible between its local conditions, either season and that of its neighbors, which had suffered while it escaped, and were now exempt while it was ravaged by the disease; and it is impossible that there could have been much difference in the meteorological circumstances of places in such proximity. The temperature and amount of rain in all must have been nearly the same. But the facts adduced go to show that some peculiar condition of the soil or of the air of a place is essential to the propagation of cholera, and that unless this is found, however many cases of the disease may be carried to it, it fails to spread.

4. The epidemic is often limited to narrow tracts, even when raging in a place with destructive violence, nor does it ever affect all localities in a town or city with equal sever-

ity. The late Professor Cooke, fully convinced of the domestic origin of epidemic cholera, was industrious to determine the points in Lexington where the malady was most malignant, and he succeeded at least in showing that it affected very unequally the different quarters of the city, being most fatal along the margins of a small stream, and in a narrow valley stretching across it. In Louisville it was restricted at each period of its recurrence to extremely limited districts. It scarcely extended in 1851, beyond a single square in one direction, and two or three squares in the other. Almost every case was found between Fourth and Fifth streets, and Market and Chestnut streets. Nor did it in the year 1849, or 1850, ever become general in the city. Persons sleeping in the infected district or passing the night there, often contracted the disorder, but going thence to other parts of the city in no instance did they communicate it to others. And the danger of visiting the epidemic region appeared to be confined to the night; during the day thousands of persons, drawn by business or curiosity, resorted to it with impunity. In a population of fifty thousand, Louisville lost fewer of her people from cholera in the three years that it returned (from 1849 to 1851,) than died in Lexington from the single epidemic of 1833.

5. Cholera in its successive incursions pursues a singularly uniform course, both as to the places invaded and the severity of its invasions. Localities which escaped the first epidemic generally enjoyed immunity from the second, and the character of the second, when it returned to a place, corresponded closely as to violence with the first. Many exceptions might be mentioned, but this has been the rule of the disease. In very many instances, towns which suffered severely in the epidemic of 1832, escaped entirely that of 1849.

6. It is an epidemic of short duration. It lingered longer than usual in Lexington, but was over there in five or six weeks. In Versailles it ran its course in a week. In Louisville, where it appeared on Market street, in so threatening a form in 1851, nearly all the fatal cases occurred in four and twenty hours.

7. The worst cases of the disease are those which first appear. They are generally fatal cases—partly, no doubt, because they are neglected longer than cases are apt to be after the public has become alarmed, but also in part, because they are more malignant. The miasm seems most concentrated at its access.

8. The poison of cholera is a peculiar one—specific—causing a disease easily distinguished from all others. It is arrested in this country, by frost. It requires a nidus

for its incubation, which, not being found in all places, explains why, in the general sweep of the disease, some points escape. When it is lodged in the system, although imprudence in diet, and other indiscretions may favor an attack, it is developed without the aid of any exciting cause. No amount of imprudence brings on epidemic cholera where the cause is absent; no care averts it when the poison has been imbibed.

9. The cause of safety, therefore, is to fly from the disease. In the first epidemic at Lexington, flight appeared to be hopeless, for in whatever direction our eyes were turned, it seemed that the pestilence was prevailing; but the sequel showed that wide districts of country had escaped it, and we can now see where the people might have fled with safety. In a great many instances during the second epidemic, I am persuaded that I saw it arrested at once, by breaking up quarters where it had appeared on plantations, and sending the inmates to camps in the woods. The poison is not only circumscribed but very short-lived, and after, at most, a few weeks it is safe to return to the former dwellings. It is especially unsafe to sleep in an infected district. On the irruption of cholera in a town or city, the prudent course would be to leave it. If it breaks out in the country, let the families in which cases occur instantly quit their homes for a few days, and the danger will pass away.

10. The premonitory symptoms should be treated as if constituting the first stage of the disease. In a majority of cases they do not end in anything serious; but in so many instances the prelusive diarrhea is actually the beginning of cholera, that it is not safe to disregard it. If that is properly treated few attacks of cholera will occur. I am glad to find myself sustained in this position by so accurate an observer as my friend Professor Flint, whose admirable *Treatise on the Principles and Practice of Medicine*, I have seen for the first time since I commenced writing this article. "All Physicians," he says, "who have had much practical acquaintance with this disease will bear testimony, *first*, to the fact that an attack of cholera is generally preceded by diarrhea, and *second*, to the fact that an attack very rarely occurs when this diarrhea receives appropriate attention." Of all the points established by the experience of the profession in regard to cholera this will strike the mind of the reader as by far the most important; and it cannot be impressed upon the public with too much earnestness. The disease is a most tractable one in the stage of diarrhea, an opiate and rest generally being sufficient to correct it, but becomes nearly hope-

less in the stage of collapse ; and very often in a few hours it passes from one of these stages into the other.

11. In the treatment of cholera, both in the stage of premonitory diarrhea, and after the significant rice water discharges have been established, opium in some of its forms and combinations, is incomparably our most reliable remedy. At Lexington, when the first epidemic appeared, I adopted substantially the practice of my experienced colleagues, Professors Dudley and Cooke, first, the emetics of the former, and subsequently the heroic calomel plan of the latter. I have long been convinced that this was a great error. Opium, or some of its preparations, should soon be administered to check the diarrhea, or, later in the disease, to suppress the wasting discharges. It is often given advantageously in combination with camphor, or with capsicum, or some other stimulating tincture, but into every efficient cholera remedy, opium enters as an ingredient. As time presses in this disease, it is important that the dose be decided. A grain of one of the salts of morphine, or two or three grains of opium, or a teaspoonful of laudanum, which is preferable to opium in substance as being more promptly absorbed, should be given at a dose, and repeated afterwards according to the urgency of the symptoms. We cannot wait as in other diseases, hours for the effects of our remedy. Often the delay of an hour, or of half an hour will be fatal. The doses should be repeated every half or three-quarters of an hour till the discharges are checked, and if the medicine is rejected by the stomach, it must be administered in the form of an enema. Alcoholic spirits are advantageously conjoined with the opiates, and the tincture of camphor or capsicum may be added, except in cases where vomiting makes it necessary to give medicine in the smallest bulk. I would also advise calomel along with the other remedies, with a view to its action upon the liver. I never saw a patient in cholera die after bilious evacuations had been established. I should feel much more secure of having controlled the disease after witnessing that event. My practice has been to give a dose of calomel, of from ten to twenty grains, in combination with the sulphate of morphine, on first seeing a patient, and then attempt to restrain the dejections by opiates until time had been allowed the mercurial to act. Perfect quietude is to be enjoined. In treating cases it is not safe to permit the patient to rise from his bed, to go to stool. If in spite of this course, collapse supervenes, I have found no plan of treatment successful. Not that patients do not occasionally emerge from this state. The experience of every practitioner has probably furnished him with cases of recovery from

collapse in cholera; but where that unexpected issue takes place, it is attributable to the restorative powers of nature rather than to any course of medical interference. Such recoveries have generally been in the cases of patients who had been given over to die, and were left to the indulgence of their craving for ice, cold water, or whatever else their appetites demanded.

12 Before leaving the subject of cholera, I will remark briefly upon two other points of material interest, the use of drinks in the disease, and the utility of dieting as a means of its prevention. In the use of cold water, I have not been governed by the views generally held by practitioners on this subject. On the contrary, regarding the importunate craving for cold drinks as a demand of nature for liquids to supply the fluid constituents of the blood drained away; I have indulged my patients freely in the use of cold water. Thirst is the most distressing symptom usually attending upon the disease, and in seeking to alleviate it, I cannot call to mind a single instance in which I ever saw the indulgence do harm. The colder the water, the better, and where there is much irritability of the stomach, ice swallowed in little pellets appeases thirst and mitigates the nausea.

My experience has also led me to conclusions in respect to diet, as an exciting cause of cholera, somewhat at variance with opinions of the profession, and widely different from those entertained by the people. Diet, according to my observation has very little agency in inducing the disease. Whatever articles of food are apt to provoke diarrhea, are objectionable, during the prevalence of the epidemic or when it is impending, for whether they can develope it or not, they may set up a disorder, which is always to be regarded with distrust at such seasons. But rigid dieting is unnecessary, nay, more, I believe it is pernicious. Substantial food, the ordinary articles used, including fruits, will be found quite as compatible with health as the severe abstinence so often practised through fear of the disease. That regimen which maintains the system in the best tone, is best in seasons of this epidemic.

13. Of the epidemics which have visited the region of country in which I have passed my life, typhoid fever and scarlatina are the two remaining to be mentioned of greatest interest. I shall make very few remarks in respect to either of them.

Typhoid fever made its appearance in Tennessee, for the first time in my practice, about the winter of 1828-9. The disease increased slowly, and for thirty years was one of the maladies of the country; but for a number of years it has been slowly on the decline, and for the time being appears

at last to have subsided. With the rise of typhoid fever in the valley of the Mississippi, there was a corresponding subsidence of bilious remittent fever, and when the former had attained its acme about the year 1840, the latter had disappeared from most parts of the country.

Scarlitina, like typhoid fever, appears also to be an epidemic of modern introduction into the states of the southwest. It was not until I had been devoting some attention to diseases for ten years, that I met with a case of this fever. It has prevailed at intervals with great mortality among children since 1832.

14. The cessation of so formidable a disease as bilious fever among the endemics of our country is a fact in its history of singular interest. At one time, and for a long period, it is well known, no disease was more dreaded in the country than this regular autumnal visitant. Its ravages occasionally rivalled those of yellow fever. But since about the year 1838, it has been declining, and is now scarcely heard of in all the region where it so long held sway. This subsidence is the more remarkable since its congener, intermittent fever, continues to hold its ground. We are not able to discover in the country any great change, which accounts for the drying up of the sources of bilious intermittent fever, and if the cause is common to these fevers, remittent and intermittent, it is hard to understand why one has disappeared while the other is as rife as ever. Should bilious fever ever return, I feel very confident that its mortality will never again be so great now that the profession has come to understand the value of quinine in its treatment. I am persuaded that great numbers perished with that disease in former years, who might have been saved, if we had understood as well as we now do the adaptation to it of this febrifuge.

It is noteworthy, that for now about ten years no epidemic disease has prevailed in the United States, and that during this long period of exemption, destructive diseases have appeared among our domestic animals, particularly hogs and poultry. These appear, at this time, to be on the decline, and we are probably about entering upon another epidemic cycle.

Mason's Depot, Tenn., May 9th, 1866.

"WE doubt whether anything tends so directly to the promotion of comfort, wellbeing, longevity and morality of a people as sanitary reform, and the foundation of sanitary reform is an accurate knowledge of the causes of disease and death."—HOWARD.

CHRONIC ORCHITIS.

By J. W. Singleton M. D., Jordan Springs, Montgomery County, Tennessee.

J. R——, aet 48, a married man and highly respectable citizen of this county, was entered as my patient March 10, 1866, with *Chronic Orchitis*. He is not aware of possessing any hereditary, strumous, cancerous or syphilitic taint, from either side of the houses of his long-lived ancestors. Has had a dry, hacking cough from boyhood, suffered from dyspepsia from the age of 17 to 21 years, which he thinks was caused by habitual over-eating. At the age of 24 years was attacked by pulmonary hemorrhage and had profuse bleedings from the lungs at irregular intervals for two years, and smaller ones at longer intervals, for eight years. Hæmoptysis lasting in all ten years, when it ceased entirely. Since the disappearance of the bleeding has had almost constantly, a dull, aching pain in the upper and anterior portion of left lung. Has taken many bottles of "Cherry Pectoral," and other popular nostrums "to cure consumption," as well as being frequently under medical treatment. Has used alcoholic stimuli freely for a number of years, ate a great deal of common salt and brown sugar, and thinks that he has been much benefited thereby. My hearing though somewhat obtuse, reveals to me some dullness in the pulmonary region last adverted to, with puerile respiration and slight bronchophony near the apex of left lung. About the time of the cessation of the hæmoptysis a muco-purulent expectoration commenced from his lungs, and bronchi and has continued on more or less, with occasional symptoms of chronic bronchitis, to the present time. In the early part of his manhood he took but little care of himself, being an industrious, working, energetic man, and a "big eater." He exposed himself in all kinds of weather, without regard to after consequences, and has been "a good liver," all his life. He is the father of a large family of fine, healthy looking children, none of them appear to inherit any scrofulous or consumptive disposition. He has however, lost one child by a disease vulgarly known as white swelling. His wife is a large portly lady of appa-

rently good constitution. The foregoing facts are submitted to the profession as having an important bearing upon the diagnosis and treatment of the case, which I am in the act of reporting.

He cannot account for his present difficulty from any local or constitutional cause.

About the 5th of January 1866, his attention was called to a slight tingling pain and uneasiness in the right testicle. These symptoms slowly increasing in severity, in a few days he found himself laboring under active inflammation in the organ, viz: pain, heat, redness and swelling--a fully developed attack of *acute orchitis* accompanied with great constitutional disturbance, anorexia, insomnia, constipation and intense suffering. Dr. Jones, a neighboring physician was sent for, who treated the case with cold applications to the part, purgatives and after the subsidence of the most distressing symptoms, alteratives to relieve the chronically enlarged testis. He also applied tincture of iodine locally to secure that object. Dr. Jones persevered in this course of treatment until the 25th of January without any beneficial results upon the chronic inflammation and without producing salivation. Though much emaciated and suffering from debility the patient seemed to be a good deal improved in his general condition. His secretions were in good order his appetite fair, he slept well and suffered but little pain.

On the 26th of January 1866, while upon a public vaccinating tour in obedience to an order issued by our county clerk, I was called upon to examine and give my opinion of the case under consideration. I found the testis much swollen, of a darkish-red color, hard and almost insensible to feeling upon the roughest handling. The spermatic cord was considerably enlarged near its entrance into the scrotum. Upon the upper and lateral portion of the part affected, I thought I could detect a small spot comparatively softer than the balance of the surface of the enlarged testicle, and expressed the opinion that the organ contained either matter, serum or extravasated blood. I deemed an operation at once, necessary for its relief and so recommended. I thought it however *possible* that I was mistaken; that the enlargement might be due to a fibrinous deposit in the body of the testis, or the seminal cavity. I was willing to try to reduce the size of the swelling by the topical use of mercurial ointment, the bandage and the internal administration of iodide of iron, iodide of potass., &c., but I was still very confident, that an operation would have to be performed before relief could be given to the patient. He was opposed to the use of the knife in his case, and concluded to seek other professional advice.

Accordingly, about the 1st of February he visited Dr. Frazier, a very respectable physician, in Lafayette, Ky., who had been a practitioner in the patient's family for a number of years. The Doctor, I am informed, made the following prescription: unguent. mer., locally, mercury internally until slight salivation is produced, and afterwards tonic alteratives, &c. He evidently did not agree with me as to the necessity of an operation, but was, no doubt, hopefully of opinion, that the patient's trouble might be relieved without the exercise of such radical means as recommended by myself. J. R. kept up Dr. F.'s treatment until the 8th of March, when it was discovered that the matter had pointed at the soft spot found in my examination. The patient sought the Doctor, who made a slight incision and let out a small quantity of pus of an unhealthy character. The matter continued to exude from the orifice in large drops, from the date of the incision to the 4th of April following, with no perceptible decrease in the size of the testis.

March 10, 1866. J. R. came immediately under my charge. His constitution was much impaired and greatly debilitated. He had a dry hacking cough, furred tongue, costive bowels, colliquative sweats and occasional symptoms of neuralgia in the right femoral region. I put him at once on, drops 20, tinct. ferri mur. with quinine sul., grs. 3, four times daily; free stimulation and nutritious diet—magnes. sul. to regulate the bowels and a small dose of opium to procure rest at night; warm water dressings to keep the part clean and *any kind of poultice the patient might wish as a kind of placebo*. In my judgment, the case had proceeded so far in the process of organic destruction, that I had but little confidence, that beneficial effects might be secured from local applications of any sort. This plan of treatment internally was pursued from the 10th March to the time of writing, with the exception of some eight days, a report of which will follow in order. My object was to build up his system and enable it to stand the unavoidable drain upon it, consequent upon continued suppuration.

I found it necessary to intermit the use of the opium occasionally on account of its too constipating effect, and to substitute syr. ferri iodide, ferri citras and ferri et pot. tart. for the muriated tincture, amending and modifying the same character of remedies, as changing circumstances dictated. Under such management the patient slowly improved constitutionally, but there was no perceptible change, either for better or worse, in the condition of the testicle.

March 22. Found a soft place on lower part of testis. Made a rather deep incision; no pus escaped from it. The

discharge from the wound was slight and of a sero-sanguinolent nature. He suffered little or no pain in the operation. Slight and circumscribed tumefaction and a little ecchymosis followed the use of the knife, but in three or four days, *the cut healed by first intention*. I was sorely puzzled but fully satisfied that my original diagnosis was correct. General treatment continued. Patient improved in strength, appetite, &c., every day. Drops of pus constantly exuding from the point at first opened. Testicle retained the same hardness, swelling and insensibility as when I first undertook the case. J. R.—became discouraged and suggested a consultation with the able and distinguished Dr. E. B. Haskins, of Clarksville, Tennessee. This I most heartily approved.

April 2. Met Dr. Haskins. He approved my diagnosis in the main, but seemed to indulge some apprehension that their *might* be some carcinomatous destruction going on in the organ. The prescription agreed upon was alterative doses of calomel guarded by opium; a free incision at the site of original operation, and to watch the case, closely meeting symptoms as they occur.

April 4. Commenced treatment agreed upon between Dr. H. and myself. Made a free and deep incision down to the center of the organ. No pain in the operation. A small quantity of pus escaped from the sides of the track made by the knife. This matter seemed to come from the cellular tissue between the tubuli seminiferi and from beneath the tunica albuginea. A cavity about the size of a partridge egg was found in the center of the testicle, filled with a dark, grumous fluid, in appearance, disorganized blood and putrid semen (?) This was scooped out with a bullet spoon, the testis thoroughly washed out with warm water and castile soap and found completely disorganized and filled with sinuses, irregular canals and cavities running through every part of its interior substance, and these were filled with this dark fetid matter. I had relied too much upon Dr. Frazier's incision and had failed to make mine at the proper place to insure the discharge of the peccant fluid contained in the cavity. A tent saturated with tinct. iodine was placed in the wound. This was removed and renewed twice daily after large injections of warm water. Mercurial treatment continued.

April 4 to 11. An unhealthy suppuration continued. He drifted slowly into hectic, irritative fever and all of the peculiar symptoms of approaching pyæmia. The right inguinal glands became somewhat enlarged and quite tender. The tongue became encrusted with a substance resembling dried pus, with some sordes on teeth and gums. The wound

became gangrenous and emitted a foul and offensive discharge; the odor of which was so disagreeable, indeed, as to cause him and myself to heave with nausea whenever the part was being cleaned and dressed, and to make it sickening even to enter the room in which he was lying. Symptoms of general prostration increasing every day. The case rapidly becoming seemingly hopeless. Mercurials continued.

April 12. His condition becoming more and more alarming. Laid aside the calomel and opium. Gums slightly touched. Copper taste in mouth. Gave him, gtt. 30, mur. tinct. iron every four hours. Poured in stimulants and quinine. Made him eat good, nutritious concentrated nourishment. Formed and applied poultices to the organ—composed of ground flaxseed, charcoal and red bark—twice a day, after free injections of Labarraque's solution and warm water dressings, in order to invite a healthy circulation in the surrounding capillaries and produce laudable pus. He had from ten to twelve ounces of good whisky in the form of egg nog and milk punch in the twenty-four hours. His situation was most critical for eight days. At the end of that time the wound had lost its offensive smell, healthy suppuration had taken place, *hernia humoralis* had occurred, the swelling and tenderness of the injured glands had disappeared and the matter went on discharging under the energetic constitutional and local treatment kept up. Tongue became clean; bowels in good order, appetite better and he rested well. He had passed a terrible crisis in his affliction, his general health was slowly improving, though the testis was but little decreased in bulk and was still without sensibility.

April 19 to May 1. The local treatment has been varied from day to day according to circumstances, with large injections of very warm water, tinct. iodine, Labarraque's solution, emollient stimulant, tonic and antiseptic poultices. Internally, stimulants in milk punch and egg nog with chalybeate and tonic remedies. The protruding substance of the testis having become completely dead and unfit to be returned into the main body of the organ, was shaved off and the body of the testicle itself, bled by scarification once or twice daily. This had the effect of lessening the size of the enlarged testicle to some appreciable extent, but not to any marked degree.

May 1. Suppuration nearly ceased. Began the application of the roller bandage more for the purpose of *squeezing out* the remaining pus and dead material, than with the hope of reducing the testicle to its normal size by such means. Left an opening in the bandage to favor the escape of the matter; &c.; hoping in this way to promote union by apposition of

the partially granulating surfaces of the interior and to get rid of all gangrenous *debris*. In this manner I hoped to assist the conservative operation of nature in the effort to restore the vital integrity of the part.

The foregoing management of the case was continued until May 6, without locally effecting the object desired. The frequent internal *scrapings* and scarifications of the walls of the testicular cavity, with the bandage had the effect of lessening the size of the organ some little; but the great body of the testicle was a hardened mass without, and of broken down material within, without vitality and to all intents and purposes, was a foreign body enclosed by integument and hanging like a lump of lead to the patient. What was to be done? The organ was in no condition to be reduced by the methodical pressure of the roller or adhesive strips. From constitutional reasons and the occurrence of gangrene once in the history of the case—the knife clearly the exciting cause—castration was utterly out of the question. Gangrene, that formidable complication to wounds has written its awful story too strongly and deeply into the minds and hearts of Confederate surgeons, ever to be forgotten by one in civil practice. The memory of that horrid simoon is filled with the blood of too many of our dear dead, yet immortal comrades, for us not to shun its consuming presence. God forbid that any act of mine should perpetuate its horrors upon suffering mankind! Gangrene having once occurred with my patient, there was a strong *possibility* that in case a radical operation was performed for the removal of the organ, it might occur again and prove fatal from gangrenous sloughing, pyæmia or secondary hemorrhage. Clearly, from the low state of his constitution and all attendant circumstances castration was inadmissible. (?) It may yet become necessary as a choice of impending evils.

May 6 to 9. Have been detaching by internal scrapings and scarification and extracting with a small pair of forceps the disorganized portions of the main body of the testicle by *piece-meal*, and using alternate injections of very warm water and creasote with emollient poultices to encourage suppuration. There has been no material change in his general treatment since the 12th of April. Under this plan of management the organ is slowly but steadily decreasing in size. That part of the testis immediately under the tunica albuginea looks quite healthy for a quarter of an inch in thickness; suppuration slight; sensibility of part gradually returning; enlargement of inguinal glands entirely disappeared; the patient though yet much debilitated, is able to sit up, and walk about his chamber with the exercise of some

little effort of the will. No pain, sleeps well, has a first rate appetite and is evidently in a hopeful condition.

May 10. General health still improving. Testis reducing in size though it looks a little sluggish inside. Saturated a piece of lint with solution of nit. acid (half and half); placed it deep down in testis and applied the roller, in order to press out the acid upon the rough and ragged walls of the cavity.

May 11. Not so well to-day. Had a slight chill and some fever and is somewhat more feeble than on yesterday. Testis decreasing in size steadily. Took away about a table spoon full of the interior and cauterized freely with nit. argent, solid stick. Inguinal glands a little tender on right side. General treatment continued with flaxseed poultices to part.

May 12. General condition better than on yesterday. Tenderness of inguinal glands remains. Took out fully an ounce of dead tissue by internal scrapings, taking great care not to wound the living part. Gave the cavity a very thorough cleaning with very warm water and castile soap, cauterized it and filled the cavity with burnt alum. Testis very much decreased in size and without pain except when caustics touch the living portion. Internal treatment, no change.

May 13. Patient had slight chill and some fever yesterday evening. Both soon passed off. Gave quinine to-day—other treatment continued. Testis somewhat larger in consequence of afflux of blood caused by the escharotic. Applied ground flaxseed this morning, and to-night took out nearly an ounce more of dead tissue. Dressed with warm water and creasote. He suffers no pain in the testicle, but has slight tenderness in *left* inguinal glands, in addition to tenderness in those of the right side. The organ looks healthy without, and rotten within. I hope that I will succeed in getting all of this dead matter out, but *I fear* that castration will have to be performed at all hazards.

In concluding this report, I have a few questions to ask the profession generally in regard to this case: Is this immense destruction in the testis of my patient the result of common inflammation? Is it tubercular or cancerous? Will the organ finally have to be extirpated? What will be the final result?

As the case is likely to be under treatment for some-time to come, I earnestly request my old army medical friends to write to me, giving their views in the premises. Any suggestions they have to offer will be most gratefully received and kindly remembered. I have purposely given my address in full, at the commencement of this article, in order to get the benefit of their counsel.

CLINICAL RECORD

Of Cases Selected from Private Practice.

A CASE OF EXCISION

Of the Humerus at the Shoulder joint. By J. H. Erskine, M. D.

Apart from its intrinsic interest, the following case is offered for publication, as a practical confirmation of the positions so ably sustained in the early numbers of the *Medical and Surgical Monthly* by one of its editors Dr. D. D. Saunders.

It occurred in the person of a Confederate soldier, William Alley, who was brought to me in October last for treatment. His history, as given by himself is, that on the 15th of August, 1864, in one of the battles around Petersburg, he was wounded in the right arm by a minie ball, which fractured the humerus to such an extent as to necessitate amputation four inches below the shoulder. Eight days thereafter, secondary hemorrhage supervened, causing him to lose over a quart of blood, which exhausted him so much as to induce an attack of typhoid fever, from which he suffered two months. About the 15th of January following, an abscess opened over the acromion process of the scapula, and subsequently others, to the number of five or six, at different points, in the axilla; underneath and upon the surface of the arm; and at the end of the stump, becoming chronic, and discharging constantly from their fistulous sinuses, a half pint of pus per day. There was also extensive swelling, with tenderness upon pressure, accompanied by a dull aching pain of the most distressing character. Under the exhaustive drain his strength was broken down, his nervous system shattered, and he reduced to extreme debility and emaciation. His pulse was 136 and very feeble, his appetite impaired, and his bowels constipated from the large quantities of morphine, to which he had become habituated, three grain doses frequently repeated during the day. His condition was so alarming, I was satisfied he could not long survive, unless speedy relief could be obtained, and immediately called a consultation consisting of Drs. Keller, Saunders and A. Erskine, who at once concurred with me in this opinion. A casual examination revealed extensive necrosis of the humerus, and an operation was decided upon, and performed the following day, the above named gentlemen kindly assisting me. The patient was put under the influence of chloroform and an incision made on the outer side

of the arm, beginning at the acromion process, and extending to the end of the stump, the tissues were dissected back and the bone exposed, revealing disease of its entire substance. The capsular ligament was destroyed, and the head of the humerus adherent by a true ankylosis to the scapula, from which it had to be forced away. The glenoid cavity and acromion process were superficially diseased, which structures were removed with the chisel and gouge. This was anticipated, and it was for this, and also to avoid dividing the axillary artery, that the linear incision was preferred. There was, consequently, very little hemorrhage. The wound was stuffed with wet lint, the edges brought together with stitches and adhesive straps, a light bandage applied, and the patient put to bed. Three grains of morphine were administered in two ounces of brandy, repeated in two hours, and under which he slept, reaction being established within six hours. At my evening visit he was restless and disturbed, pulse still 136. Battley's sedative in doses of 30 drops repeated every two hours, was substituted for the morphia, and after the administration of the fourth dose he rested during the night. The following morning an enema of warm water and castile soap was ordered, which produced three or four discharges from the lower bowel, with great relief. His pulse had fallen to 130. He was now put upon a regular course of treatment, consisting of nutritious diet and stimulants, administered in small quantities at short intervals; such as egg dram, beef tea, soft boiled eggs, milk, chicken soup, and other articles of a similar character. Sulphate of quinine and tincture of iron were given three times a day. The opiates were continued as needed. On the second day he was attacked with dysentery and sick stomach, which were met with mustard plasters, and turpentine stupes to the bowels, lime water and milk internally, and opiate enemata, at the same time nourishment and stimulation were cautiously given. Within five or six days they yielded to treatment, and he continued steadily to improve. His convalescence was rapid, the wound granulating, the strength increasing, the pulse falling in the number of beats and yet improving in volume. Within one month from the date of the operation he walked to my office, the distance of a mile. He has since been discharged, cured.

In giving this brief outline of treatment I have thought it not best to detail too minutely the changes which occurred from day to day. The indications were plain to use all proper means to rebuild an exhausted and shattered system, good food being regarded as the first essential. Its effects were most striking. True, the offending cause had been removed,

and nature had been assisted in an endeavor in which she had failed, but had she been then abandoned, or left to work her customary laws, with but a careless or indifferent support, she would still have failed. It was then not only necessary to bestow surgical attention upon the wound, and allay any pain and irritation which might arise, but there was a positive something required, the resupply of red blood, by abundant food and stimulation, to a wasted and exhausted body. It is no work of supererogation to dwell on the importance of this. It is something which is neglected, or deemed of too light importance by many of the profession. Although it is insisted upon in medical works, and in the journals as a rule of practice, it is too much disregarded, and cannot be too earnestly urged. A system exhausted as this one was, could not receive a large amount of nourishment at one time, yet a large amount was absolutely necessary. How could it be supplied? By careful, specific, and oft repeated directions to the nurse, to administer punctually by the watch a certain amount in a certain length of time. By seeing one's self that it was done. Were this done more constantly and generally than it is, I am confident the success in capital operations, not to speak of low forms of disease, would be largely greater, and the dread of their disastrous results materially lessened. In this case there was but little hope of success, because of the length of time which had elapsed, since the reception of the injury, the amount of constitutional disturbance, the loss sustained by the steady and protracted drain; the long and excessive use of opiates, and the extent and location of the disease. Yet by removing the cause, and building up the system, the patient recovered almost entirely in one month. True, he continued under treatment some weeks longer, but his case was at that time considered beyond a peradventure, and the necessity of visiting him at his residence no longer existed. He suffered for some time with great stiffness and pain in his feet, from the protracted confinement, which gradually passed off. When he left the city his renovated and invigorated frame presented every indication of firmly re-established health.

THE *Bulletin de la Societie de Medecine d' Angers* mentions a case of menstruation and abortion at 72 years of age. In March 1863, twenty-four years after the last previous catamenia, she menstruated for three days; the same happened on the 2nd of April and 4th of May. In June and July the catamenia appeared again. She lost a two months foetus in October.

CASE OF SEVERE CONTUSED WOUND

*Of the Perineum and Scrotum, with Rupture of the Urethra
—Recovery. By Paul H. Otey, M. D.*

The following case, treated by Dr. Robert Mitchell and myself, has been regarded by the number of surgeons who had occasion to give it observation during its progress as proper for record: Mr. S., on the 6th of April, received a severe contused wound of the perineum and scrotum by falling the distance of twenty feet across the edge of an upright empty barrel. I saw the case on the 7th, twenty-eight hours after receipt of injury, and found the parts very much swollen and extravasated. Mild and persistent efforts, made for two hours, failed to introduce the catheter; a number three gum bougie was then employed, and its end was felt free in the perineum as far down as the left margin of the anus, which proved that the urethra was ruptured. The bladder was very much distended, reaching as high up as the umbilicus. A warm hip bath was ordered and warm fomentations to the parts, and patient left at rest for the night. 8th. Patient had some rest during the night. Drs. Mitchell, Tucker, Woodward and J. Erskine and myself made another unsuccessful effort to introduce the catheter, and upon withdrawing the instrument, it was followed by considerable arterial hemorrhage. This was controlled immediately, by a saturated solution of martial, salt of iron, prepared by my friend, Mr. Young, at Mansfield's drug store, injected into the urethra. It was concluded by all present as proper, to lay open the perinæum, and search for the urethra. The patient was placed upon the table and bandaged, as in the position of lithotomy and put under the influence of chloroform. An incision was made, commencing at the point of junction of the raphe, of the perineum with that of the scrotum and carried directly downward for one inch and a half through the integuments and fascia; about two ounces of coagulated blood were turned out with the finger, the muscles were found to be entirely torn across, together with a solution of continuity of urethra for one inch and a half. The transverse artery of the perineum was ruptured. The catheter was again attempted to be introduced, but would not reach down to the incision, owing to the powerful nature of the stiptic employed. The urethra being firmly occluded by a coagulum, it was opened on the point of the catheter, with the scalpel. After failing to introduce the catheter into the bladder, it was deemed best to introduce a female catheter through the incision, which, after great trouble was done, evacuating the urine, greatly

to the relief of the patient. The catheter was firmly plugged in its situation with charpie and a towel folded and placed against the perineum, to retain it, and the whole secured by a T bandage, admirably applied by Dr. Tucker. There was very much extravasation about the rectum and a number of hemorrhoidal tumors were protruding; an opiate of one grain of opium was ordered. Eight hours after operation the patient was doing well, expression cheerful, with a continual dropping of urine through catheter. April 9th. Patient rested well last night; has some appetite this morning; allowed him for breakfast a rare tenderloin steak, and cold green tea; afternoon, febrile reaction. 10th. Patient did not rest well last night; removed dressings and applied Betts' Abdominal supporter, removing perineal pad, and covering the strap with oiled silk, making a small orifice through it to embrace the end of the catheter. April 11th. Condition of the patient much improved; rested well last night; withdrew the catheter. Succeeded in introducing a number seven male catheter into the bladder, and plugged it firmly through incision, with charpie dipped in oil, covered by a compress and secured by the above mentioned apparatus; allowed orange juice and generous diet and removed him to a firm mattress. The extravasation is rapidly disappearing and swelling subsiding; bowels not moved since the injury; afternoon he was laboring under nervous excitement; ordered Battley's sedative 15 drops every two hours, until he is quiet; an injection of soap and water was retained some time and came away without any fecal matter.

12th. Slept well last night; much refreshed this morning; at twelve o'clock was sent for, and found the catheter had slipped and urine passing through the perineum; withdrew catheter, and found its pin hole orifices occluded with mucus, not having another at hand I concluded to wait until evening and introduce another, constructed with two eyelet slits. In the attempt to do so the artery again bled, all further attempts were desisted from, and the perineum again plugged with lint dipped in solution of per-chloride of iron. Dr. Mitchell and myself were called last night; patient complaining of great distress, on account of fulness of bladder, we agreed not to disturb the plug, but by carefully putting it one side opposite the bleeding point with a pair of dressing forceps, he was able to discharge the contents of the bladder, precuring great relief; bowels not yet moved.

14th. Slight hemorrhage; removed plug; wound granulating healthily; introduced male catheter Number seven; bowels moved slightly by injection; there is to-day

some tympany; ordered injection of oil and turpentine, which acted well, bringing away a large quantity of fecal matter. 15th. tympany subsided; appetite good, but he suffered so much during the night from the presence of the catheter, about the neck of bladder that he withdrew it, discharging his urine through incision; will replace the catheter in a few days as soon as irritation has subsided. 16th. Patient improving; appetite good; bowels moved by injection. 17th. condition same. 18th. Found him pale and weak; had hemorrhage last night lost about six ounces of blood, attendant controlled it with lint and per-chloride of iron, complains of being chilly, suppose it to be nervous depression from loss of blood; urine passed by side of plug. 19th. Had chill to day, fever in the afternoon, pulse 88, appetite not good; ordered pill of iron and quinine, each one grain, every two hours. 20th. Much improved; appetite good; removed plug and replaced it with a new one; wound granulating healthily, bowels torpid; ordered enema of oil and turpentine. 21st. Condition same, except bowels moved freely. 22nd. Plug escaped with flow of urine; general condition improving, some flow of mucus from bladder through wound; rested well last night; appetite good.

April 27th. Patient has continued to progress favorably up to date; parts healing rapidly by granulation; introduced into bladder to-day number seven gum catheter, and brought lips of wound in apposition with adhesive strips. 29th. Complains of great strangury, produced by catheter; removed it, a considerable quantity of mucus followed. 30th. Voided his urine last night and this morning through the meatus; wound healing rapidly. May 1st. Continues to void urine through the natural channel, only a drop or two escaping through incision; introduced a number seven silver male catheter through meatus into the bladder; complains of its creating strangury, but persuaded him to retain it until morning, some spasm of the bladder coming on, Dr. Mitchell relieved it with external application of chloroform, by wetting a towel and laying it over the region of the bladder; bowels moved regularly every day; appetite very good, has drank daily for the past week a bottle of Jeffree's sparkling ale. May 3d. Withdrew catheter on account of its irritating the neck of bladder, and now passes urine altogether through meatus; incision nearly closed. May 4th. Passed a very pleasant night; found him sitting up to breakfast; bowels regular; appetite most excellent. May 6th. Wound filled up even with surrounding parts, but there still remains a small fistulous opening; complains of *ardor urinæ*, ordered fifteen drops of oil of sandal three

times a day. May 7th. Oil of sandal had the desired effect. 8th. Patient feels quite happy this morning, had an erection last night for first time since injury, and an emission of seminal fluid.

May 9th. Closed the fistulous opening this morning by the use of collodion. 12th. The collodion did not meet my expectation which was to keep closed the fistulous opening, as it was loosened from its attachment by the secretion of the skin, patient can very readily prevent the urine escaping through fistula by compressing its lips, the size of it is reduced to the one-sixteenth of an inch in diameter. 14th. Walked from his boarding house to his place of business three-quarters of a mile, suffered no inconvenience to-day. 15th. touched the granulations in the sinus with probe coated with argt. nitras, he is attending to his duties as book-keeper. 21st. Find the fistulous opening gradually closing under the use of nitrate of silver as applied above mentioned. June 7th. Fistula entirely closed, patient discharged, the normal functions of parts fully restored.

GUN SHOT WOUND OF BRAIN.

The Ball Remains in the Brain with Recovery of the Patient.
By D. D. Saunders, M. D.

S. D. aet. 10 years, robust and healthy. Was wounded by a pistol shot, the ball being about the size of a buck shot, on the afternoon of Friday, 12th January, 1866.

When summoned to see the patient, on entering the room found him lying upon the bed on his back insensible, head thrown back, skin cool, respiration nearly natural, pulse feeble, small and slow—65 beats per minute, face pale, pupils contracted and blood flowing slowly from a small opening just below the right superciliary ridge and just above the ball of the right eye; this opening having been made by a pistol ball shot from a distance of five or six paces. No cerebral substance was apparent at the opening, but on examination of the white hat he wore at the time he was shot, found white cerebral matter on that portion of the brim which projected over the right eye. I probed the wound for a distance of four inches with a female catheter the instrument passing without force being used, through the opening in the orbital plate and dura mater made by the ball, and ranging backwards, downwards and gradually towards the left side of the head, producing the impression on my mind that the ball had

passed to the back portion of the left hemisphere of the brain. There was partial paralysis of the right arm, leg and side of the face, without any perceptible paralysis of the tongue. No evidence of the ball being elicited by a moderate effort with the probe, it was deemed prudent by Dr. Malone, who was present, and myself to push our investigation no further. While using the probe he vomited up the dinner he had eaten a few hours before, in a partially digested state, the vomiting was repeated several times during the first six hours after the receipt of the injury. Cold water dressings were applied to the wound and an active cathartic administered which failing to act his bowels were thoroughly moved with 3 drops of croton oil. Used the catheter every ten hours for two days, after which time he voided his urine naturally.

Complete insensibility lasted for twenty-four hours, it existed in a *moderate* degree for ten days. During first five days after the injury the pulse ranged from 60 to 75 beats per minute, surface of skin cool, pupils slightly contracted, and respiration nearly normal. On the sixth day, evening of Jan. 18, the pulse ran up to 90 beats per minute and after that time for several weeks raised from 90 to 135 beats per minute, increasing on the least exertion or excitement and diminishing with rest and quiet. After the sixth day the surface of the skin became warm, attended with thirst which was relieved with ice, little or no complaint of pain of any kind, up to this time. No nourishment was given him for the first three days after the receipt of the wound, from this time on to recovery, he seemed to relish what was given him. His diet consisted, in the main, of butter and sweet milk, soft boiled eggs, soup and beef tea.

About the 27th Jan., fifteen days after injury, his consciousness was sufficiently restored to recognize friends around him, and to be aware of his being away from home, some four miles distant, in the country, he having been shot while on a visit to his little cousins living in this city. The case progressed very well without anything particularly worthy of note until Monday, 5th Feb., when he had quite a severe rigor lasting over an hour, followed by febrile reaction, nausea and thirst. The right eye, which had been uninjured commenced to inflame the same day and to swell, and was accompanied with pain of a lancinating character referable to the region of the right eye. The swelling around that eye continued to increase; on Monday, the 7th Feb., indistinct fluctuation being detected on careful palpation above the ball of the eye, and under the seat of the opening made by the entrance of the ball, I introduced the point of a bistoury

and made an opening one fourth of an inch in extent downwards and outwards. About one ounce of thin pus was discharged, followed by a large quantity of serous fluid, which continued to flow, a few drops at a time, for ten days. Some of this fluid must have been from the cerebral meninges, another portion of it, I think, came from the lacrymal gland which was nicked in making my incision into the abscess.

Saturday, February 10th. Had another rigor which was slighter than the first, followed by increased febrile action; a few hours after, the wound discharged more freely of pus than it had done for two days previous. The pain complained of was referred to a point just over the left eye.

Sunday afternoon, Feb. 11th. Had another rigor, quite slight, referred pain to a point over left eye, followed by increased frequency of pulse and heat of skin. The pain complained of at the time these rigors would come on, was very acute and severe, so much so as to cause him to cry out. They were not persistent and were relieved by inhaling chloroform for a few minutes, until morphia could act, which generally gave rapid relief.

Feb. 15th. One and a half A. M., had another slight rigor with headache, followed by increased heat of skin and frequency of pulse.

Feb. 18th. Complained of headache, and threw up his food which was quite acid, but apparently pretty well digested.

Feb. 20th. Has had no other rigors, pulse range from 86 to 120 beats per minute.

Diet is chiefly butter and sweet milk, toast, soft boiled eggs, soup, beef tea, boiled custard, egg nog, and chicken; appetite pretty good.

Feb. 21st, three P. M. Complained of headache, pulse ran up to 120 beats per minute.

Feb. 22d. Comparatively comfortable, pulse 108 per minute, appetite good, continued diet and three grains of quinine every six hours.

Feb. 23d. Appetite good, free from pain, pulse 98, bowels moved naturally. The eye looks much improved, swelling nearly subsided, discharge has ceased and wound closed.

24th. Complains of slight pain over left eye, pulse 98, skin pleasant, appetite good. A few inspirations of chloroform relieved all headache.

25th. Seems a little languid, at 12 M. last night bowels moved naturally, right eye still improving, swelling has subsided so that the eye appears about natural in size. The pupil has been irregular in shape for a few days without any appearance of discoloration, it is deemed prudent however to keep it dilated with a solution of atropium, as iritis is appre-

hended. The case progressed naturally until March 2d, when it became evident from the dusky appearance of the iris of the right side that iritis was springing up, and also that the cornea was becoming involved. Concluding that the pains from which the patient was suffering were the result of the ophthalmia, all treatment was directed to that organ. The keratitis culminated in ulceration about the center of the cornea. The inflammation of the iris went on to suppuration, producing hypopyon, the anterior chamber being nearly filled with pus. The inflammatory process in this case was not of an active character, and as there was partial paralysis of that side with a want of perfect sensation, it was deemed imprudent to adopt depressing treatment. The pupil was kept constantly dilated, and a tonic constitutional treatment was resorted to, with nourishing diet, taking the precaution to exclude the light from the eye to a moderate degree, one strong proof that the condition of the eye was due to a want of perfect nervous influence was the absence of photophobia. Under the tonic course of treatment and generous diet the eye and general condition of the patient gradually improved and the paralysis of the right side disappeared.

At this time, June 4th, lacking a few days of being six months from the receipt of the wound, the patient's general condition is good, paralysis nearly entirely disappeared, intellectual faculties perfect; he is running about amusing himself and taking as much interest in his sports as ever. The white speck upon the cornea, the result of the cicatrized ulcer, being in the axis, interfered somewhat with perfect vision. The lids of this eye are still easily inflamed showing a disposition to the formation of styces, quite a number of which he has suffered from recently. An operation for artificial pupil, after the irritability of the lids passes off may be necessary to secure more perfect vision. I look upon this case as virtually well, with the ball still remaining in the posterior portion of the left hemisphere of the cerebrum.

Remarks—The features of interest in this case are the following: That a ball may penetrate the brain for a considerable distance and remain there without producing death. There can be no doubt of the ball having penetrated the brain for there was cerebral matter found upon the brim of his hat, and the orbital plate was penetrated, with an opening large enough for a female catheter to pass readily through it and then to pass without resistance for four inches through the opening made in the dura mater into the substance of the brain. The strong evidence of the ball being in the left hemisphere and posterior, was that the paralysis was on the same side the ball entered and he laid for several days with

his head thrown back. The cerebellum could hardly have been injured for there was no paralysis of the tongue, which would have existed. Again there was a considerable flow of the meningeal fluid for some days. Mr. Guthrie has remarked that while injuries of the base of the brain are of all most fatal, the fatality of injuries in the upper portion diminishes as you proceed backwards; that is to say, injuries of the anterior portions are the most fatal, injuries of the middle portions less so, and injuries of the posterior portion least of all. It is often wonderful to note the amount of brain substance which may be destroyed in some instances without producing death, and in others, what apparently slight lesions of that organ may result fatally. The first is strikingly illustrated by the case of Gage, occurring in the practice of Dr. Harlow, of Cavendish, Vt., in which a tamping iron three feet seven inches in length, one inch and a quarter in diameter at its largest end, and weighing thirteen pounds and a quarter was shot through his head. In 1860 this man was still alive and well.

During the last four years I have seen six cases live long enough to be brought back to general hospital from the field with balls still remaining in their brains, from the best evidence we could get. In one, the ball (a large ball from a Belgian rifle, most probably) entered the right side of the head an inch anterior to and one and a half inches above the right ear. I introduced my finger into the wound and removed some clots of blood with loose spiculæ of bone. A considerable quantity of cerebral matter escaped from the opening and there was hemiplegia of the right side, though the patient was partially conscious, so much so, as to ask for something to eat when hungry and for water when thirsty. This wound granulated nicely, and at the end of three months was nearly healed, the paralysis was greatly improved as well as the intellectual faculties, and there was apparent evidence of permanent recovery. Unfortunately, I lost sight of the patient about this time, when starting on the Kentucky campaign, and have never been able to hear from him since. In four of the remaining five cases, death took place within the first four weeks after entering the hospital. The fifth case lived for six months, and then died suddenly from abscess of the brain. In this case the ball was in the center of the abscess which was situated about the middle of the left hemisphere of the cerebrum. The abscess contained about an ounce of purulent matter.

There are reports of many cases where great violence has been done the brain and yet recovery taken place, but I have not time or space to mention them. I would refer those

feeling an interest in the investigation of this subject to South's notes, to Chelius' surgery, and to Eve's Surgical Cases. Trumbull reports a case where a piece of an iron spindle three inches long, remained in a child's brain for eight years before proving fatal, and Larrey mentions the successful extraction of a portion of the blade of a javelin from the brain of a man, after its sojourn there for fourteen years. All authorities are agreed that all foreign bodies should be removed from the brain when practicable, as they will be liable to prove fatal in a shorter or longer period, if permitted to remain. When, however, the effort to remove the foreign body, requires much violence to be done to the substance of the brain, it is better to trust to Providence than to make the effort. I have never known of a case where the evidence of the ball penetrating the brain was positive, and still remaining, survive the injury more than eighteen months.

BIBLIOGRAPH.

A TREATISE

On the Principles and Practice of Medicine, Designed for the use of Practitioners and Students of Medicine. By Austin Flint, M. D.—By A.

The above is the title of a publication recently issued from the house of Henry C. Lea, of Philadelphia, and contains about 900 pages:

From a cursory examination of the work we conclude that it is not only creditable to the author, but evinces research and judgment in its general arrangement. We are not, however, so clearly convinced, as he seems to be, of the existing necessity for a new work on the practice of medicine. Treatises on this subject are abundant in the medical libraries of the country, and it is a matter of regret that, most of them fail to furnish that thorough information so much required at the bed side. In works upon the practice of medicine we generally find contracted and superficial views; and in the present we fear a similar criticism might be urged. The arrangement is modern and somewhat new. The subjects treated of contain but little, not already familiar to medical readers.

We suppose it to be a *resume* of the author's lectures upon the principles and practice of medicine in Bellevue Hospital Medical College, and though it may not be universally sought

for by the general practitioner, will no doubt, prove a source of valuable instruction to students in attendance at that institution.

URINARY AND RENAL DISEASES.

By William Roberts, M. D., etc, Manchester, England.—By A.

This is the title of a work of five hundred octavo pages recently issued from the house of Henry C. Lea. It is handsomely gotten up, and is creditable to the publisher.

The work itself possesses intrinsic value, and we regret a want of room to give it the notice that its merits demand. We cannot, however, willingly pass it by without calling attention to a few of its more prominent features.

The professed design of the work in the language of the author, "is to give an account of the organic diseases of the kidney, and of those diseases and disorders of which the chief characteristic is some alteration of the urine. The entire subject is divided into three parts.

The first is devoted to a practical investigation of the physical and chemical properties of the urine, and its various alterations both in health and disease. This part of the work we regard as especially interesting and instructive. Disturbances of the urinary organs, though co-incidental with almost every variety of disease, seldom attract the attention of physicians, and it is but just to conclude that important complications not unfrequently occur, which pass unobserved, both in diagnosis and treatment. The author opens the door by which this neglect may be easily avoided. A few simple experiments with equally simple apparatus have been instituted, well calculated to familiarize the general practitioner with the ordinary changes occurring in the urine.

The second part embraces a consideration of what he designates "urinary diseases"—diabetes insipidus, diabetes mellitus, gravel and calculus, and chylous urine.

A large portion of this part of the work is taken up in an examination of the various characteristic ingredients of gravel and calculus. In the chapter upon this subject, special prominence is given to the medical treatment adopted for dissolution of calculi in the bladder. And though we cannot claim for the author much success, yet we regard his investigations and experiments not only as interesting but valuable. It is true that, uncomplicated uric acid deposit, which invariably depends upon acid preponderance in urinary secretion, may be dissolved by the proper administration of alkalis, yet the ceaseless changes occurring often, and we might add almost invariably, oppose every appliance to the

removal of those concretions from the bladder. Any treatment for the removal of calculi from the bladder, based upon chemical analysis cannot be otherwise than uncertain, and should only be attempted, in our judgment, when the remedies employed are harmless to the performance of other functions. The virtue of the treatment, adopted in uric acid calculi, is that it does not disturb the healthy functions of the stomach, though persevered in for a length of time. In the work before us a few cases are reported as successful, but in the majority of instances the remedies failed, and were it not that the work is exclusively medical, grounds for censure might be laid, in the neglect of other remedies, which, in some cases at least, might have been more successful—such for instance as the frequent dilatation of the urethra by properly graduated sounds—a practice which we have often seen efficient in the removal of recent urinary calculi. Then whilst we approve the course of our author, we would at the same time advise, in conjunction, such surgical assistance as might tend to accomplish the object, and thus save a loss of time frequently of the greatest importance to the subject of urinary calculi. We are the more inclined to urge this course, since no solvents have yet been discovered for any of the complicated varieties of urinary concretions.

The third and last part of the work—and the largest portion of it, is appropriated to the consideration of “organic diseases of the kidneys.”

The initiative chapter is devoted to congestion, a condition which almost invariably exists, either primarily or secondarily in derangements of these organs. Under this head is examined the presence of albumen, which frequently so simulates “Bright’s disease” as to be mistaken for it. A few designating points are drawn, which though not always to be relied on, are in the majority of instances sufficiently true for ordinary diagnosis. We have space to allude to only one of his comparisons. In congestion, albuminuria appears in the first stages, while Bright’s disease is generally set up in the latter stages of other diseases—such for instance as scarlatina and other exanthematous affections.

It would afford us much pleasure to pursue the author as he examines at large the organic diseases of the kidney, but with a recommendation of the work, as an important acquisition to every medical library, we close this notice by reference to an appendix, to the chapter on congestion, headed “*the connection of renal congestion, albuminuria and Bright’s disease, with pregnancy and puerperal eclampsia.*”

Puerperal convulsions he regards as most frequently the result of albumen in the urine, but not universally. In ex-

amining this subject he arrives at a practical conclusion, relative to the treatment of puerperal eclampsia, which necessarily, condemns the ordinary indiscriminate resort to large venesections, without regard to the condition of the patient—a practice we have long believed to be unwarranted, and productive of great evil. We quote below the entire paragraph :

“ At least three categories seem to deserve to be recognized, viz : 1. *Cases depending on confirmed and chronic Bright's disease.* In these the eclampsia must be regarded as mainly or wholly uræmic ; the ultimate prognosis is lethal and depletive measures are less indicative than chloroform, &c. 2. *Cases depending on passive congestion of the kidneys, or on a condition resembling, if not identical with, acute Bright's disease.* These are usually primiparæ ; the phenomena are, probably, partly uræmic and partly reflex ; the prognosis is favorable, were the fits once over ; active depletive measures are indicated. 3. *Cases depending on reflected uterine irritation and meningeal congestion.* In these the urine is not albuminous ; the prognosis is favorable, were the fits over ; they call for active depletory measures.”

SYNOPSIS.

BRISEMENT FORCEE

For Incomplete Anchylosis. By Jno. G. F. Holston, A. M., M. D., Medical and Surgical Reporter, June 16, 1866.

Mrs. —, as the result of articular rheumatism, from which she had suffered for nearly a year, had the right shoulder joint scarcely movable, the humerus bound down to the side, the elbow bent and almost immovable, the right knee straight and stiff, the right ankle joint, the wrists and fingers of both sides in the same condition. She was thoroughly chloroformed, and, by means of the bent elbow, the scapula being firmly held by an assistant, extensive rotation of the humerus was performed, and followed by to-and-fro motions, and then the arm extended straight up, parallel to the axis of the body, the adhesions giving way with a loud crackling and grinding noise ; and the head of the bone slipping out of the glenoid cavity, and under the pectoralis. Replacement was immediately effected without the slightest trouble. The elbow and knee were next broken across my thigh, the latter requiring all the force I could exert, and

then extended. The wrists and smaller joints offered no great difficulty.

Anæsthesia which continued for fifteen minutes after completion of operation, was followed by but little pain. Twelve grains *pulv. Doveri*, were ordered at bed time with cold applications to the joints. Next day, feverish; coated tongue; broken joints hot; dose of Epsom salts in the morning; continued cold applications. Salts operated several times in the afternoon, leaving her free from suffering. Passive movements were begun on the third day; on the eighth she was on her feet, walking without crutches, and able to raise the right hand to her head. The fingers of the right hand were broken again on the fifteenth day. Eight months have now elapsed, and she remains well.

RETENTION OF CATAMENIA

From Obstruction. By F. C. Robinson, M. D., Chicago Medical Journal, June, 1866.

Miss W., æt, 15, menstruated for the first time, in August, 1864, and continued regular until November, when it ceased. Since that time she had the menstrual molimen every four weeks, but without any discharge externally. Other means to restore it having been tried, resort was had, upon the diagnosis of "obstruction," to surgical interference. On examination the vagina was found closed by a firm elastic membrane, forming a cul-de-sac, point upwards, about an inch and a half from its orifice. I administered chloroform, and using a director and my index finger, ruptured the membrane, causing slight hemorrhage, but as yet no relief. Above this membrane the vagina was crossed by several fibrous bands, which I also divided, revealing a distended uterus. It was lower in the pelvis, and pressing upon the bladder, causing irritation and a frequent desire for micturition. The os uteri was also closed by a membrane similar to the one above mentioned, and which I succeeded in penetrating, using a female catheter, when about sixteen ounces of reddish brown, tenacious fluid or menses in a condensed form escaped. The pain ceased in a few hours, and except a slight nausea from the chloroform, the girl did well, and was soon able to resume her duties.

ORIGINAL METHOD OF REDUCING THE INVERTED UTERUS.

Dr. T. A. Emmet, Surgeon to the State Woman's Hospital, New York, reports, *American Journal Medical Sciences*, April

1866, the second successful case of reduction of the inverted uterus by a new method.

In June of the preceding year, the woman had been delivered by a very rapid labor, in which she had but one severe expulsive pain just as the head was expelled; delivery was followed to the time of reduction, by repeated hemorrhage, attributed to the existence of polypus, which was supposed to be protruding from the os uteri, for which she was sent to the hospital for treatment.

The operation is thus described by Dr. Emmet: With the left hand in the vagina, the fore fingers were passed up as far as possible between the inverted portion and the neck, with the thumb in front, so that the body was encircled by the fingers, the fundus resting in the palm. Then, with an upward and outward pressure at the same time the neck was gradually dilated until the seat of inversion was reached by the frequent extension of the fingers. This manœuvre was persevered in, while during the whole time the organ had been lifted above the pubes, so that the other hand could assist in the rolling out of the parts by sliding upwards the abdominal walls, with a steady pressure over the posterior portion of the ring formed by the inversion. In less than half an hour, the mass, as felt through the abdominal parietes, had doubled in size, the depression in the center had become larger, and the shape changed from a circle to an oval. The fundus gradually passed entirely within the cervix, but after this, the progress, as appreciated from the fingers within the uterus, was almost imperceptible; but the rapidly-increased size of the mass and the diameter of the depression at the seat of inversion was recognized by all present. The patient entirely recovered.

NEWS.

In response to a call of the Faculty of the Ohio Medical College for a meeting of delegates from the medical colleges of the West for the purpose of agreeing upon a more uniform rate of lecture fees, several delegates met in Cincinnati, April 24, 1866, representing the Medical College of Ohio, Miami Medical College, Starling Medical College, Charity Hospital Medical College, Medical Department of University of Michigan, and Chicago Medical College, and Medical Department of University of Louisville.

The St. Louis Medical College, Medical Department of University of Nashville, and Medical Department University of Iowa, sent letters expressing a concurrence in the object

of the meeting, with assurance of sanction to a uniform advanced rate of fee.

On motions, N. S. Davis, of Chicago, was made Chairman of the Convention, and G. C. E. Weber, of Cleveland, Secretary.

The immediate adoption of a standard was regarded as impracticable, mainly on account of the peculiar position of the medical department of the University of Michigan.

Prof. Davis' resolutions were finally adopted by the Convention, as follows :

WHEREAS, the cause of medical education requires the establishment and maintenance of permanent colleges, with all the necessary means for illustration and practical instruction, as well as competent teachers, thereby involving a large annual expenditure of money, therefore,

1st, *Resolved*, That a reasonable demand for lecture fees is required by the best interests both of the colleges and those who patronize them.

2d, *Resolved*, That competition among Medical Colleges, to be beneficial to the profession and the cause of medical science, should be based *entirely* on the ability of those engaged as teachers, and the completeness of their curriculum, with the facilities for practical demonstrations accompanying it, and not on *mere pecuniary* differences in the cost of attendance ; and, hence, the fees charged in all the Medical Colleges, in a given section of country, should be uniform, or so near uniform that the actual cost of attendance in the different colleges shall be practically equal.

3d, *Resolved*, That inasmuch as only a limited number of students can be properly accommodated or educated in any one college each year, any State which, with enlightened liberality, should so endow the medical department of its State University as to make education therein free, ought to so far regard the interests of the institutions of other States, as to limit the freedom of its instruction to the citizens of its own State.

4th, *Resolved*, That in the opinion of the college faculties here represented, the aggregate annual fees for instruction in each college should not be less than \$105 for each student.

5th, *Resolved*, That a committee of three be appointed, to communicate the foregoing views to the faculties of the several medical colleges not here represented, and also to the Regents of the University of Michigan, with a view to the ultimate removal of such obstacles, legal or otherwise, as may be in the way of the voluntary adoption of the sum named in the fourth resolution, or some other sum near it, as a uniform standard of college fees ; and to take such meas-

ures as they may deem necessary, and to report to a future Convention called for that purpose,

6th, *Resolved*, That the colleges here represented would, in the opinions of the delegates present, be willing to lengthen their annual lecture terms to six months, if, by so doing, practical uniformity in the standard of fees could be fully secured.

"There will be no rise in the prices next winter, because the agreement of all the Western Colleges, necessary to give these resolutions effect, can not, it is said, be arrived at under a year or two." Slow process in this era of fluctuating prices in all marketable commodities.

AMERICAN MEDICAL ASSOCIATION.

The Association was called to order in Concordia Hall, Eutaw street, Baltimore, at eleven o'clock A. M. May 1st, by D. Humphrey Storer, President. Prayer was offered by Rev. Dr. Speer of Baltimore, and the large attendance of members and delegates from all parts of the country, were tendered a cordial reception by Dr. C. C. Cox, chairman of the committee of arrangements, in behalf of the profession and citizens of Baltimore.

The following is a brief enumeration of the transactions of the Association :

Members elected by invitation : Dr. Jas. E. Rives, of Fairmount, West Virginia ; Drs. J. A. Reed, W. Whitridge, L. M. Eastman, Baltimore ; Dr. Peter Parker, of China ; Dr. Marsden, Quebec, Canada.

The case of Dr. Pallen was referred to a committee consisting of Drs. Hooker, of Connecticut, Brinsmode, of New York, and Davis, of Illinois, whose report was as follows :

"The committee, to whom were referred the papers in relation to the expulsion of Dr. Montrose A. Pallen, at the meeting of the Association in Boston, respectfully report that they have examined the documents and evidence referred to them, embracing papers endorsed by Lieut. Gen. Grant, the Vice Consul of the U. S. at Montreal, and many citizens of Missouri, and are fully satisfied that the statements on which his expulsion was based were entirely unfounded, and, therefore, regretting the injustice done both to Dr. Pallen and the Association, we recommend the adoption of the following resolution :

"*Resolved*, That the preamble and resolution adopted by the Association at the annual meeting in Boston, June, 1865,

expelling Dr. Montrose A. Pallen be hereby rescinded, and that he be restored to his previous membership in the Association."

Dr. Pallen, delegate from the St. Louis Medical Society, was then introduced and cordially greeted by the Association.

The annual address of Dr. D. H. Storer was read, and received the thanks of the Association, with the request for a copy for publication. Subject—"Specialties and Specialists."

Dr. Brown Sequard addressed the Association on "Nervous Affections and their Treatment."

Dr. Marsden, of Canada, gave a detailed description of his plan of quarantine for the prevention of the introduction of cholera; his views were founded upon the supposition of the contagiousness of the disease.

Discussion upon the subject was participated in by Dr. L. A. Sayre, of New York, Drs. Jno. L. Atlee, of Lancaster, and Chas. A. Lee, of New York, supporting the doctrine of contagion and quarantine; Drs. M. L. Linton, of St. Louis, Wilson Jewell, of Philadelphia, and J. N. Bell, of Brooklyn, advocating the opposite doctrine. Dr. King, of Pennsylvania, presented a resolution urging the adoption of a plan of quarantine by Congress.

Dr. Birge offered a resolution, substitute for that of Dr. King, expressing the necessity of efficient measures for preventing the spread of cholera, and asking Congress to employ such means as would test the value of Dr. Marsden's plan of quarantine. Resolutions and substitute were laid on the table.

Report of Committee on Publication showed that the publication of the last volume of transactions had left the treasury in debt \$404 52.

Committee on Prize Essays reported four essays presented; two were recommended for prizes, viz.: one, "On Health in Country and City" by W. F. Townes, M. D., of New York; and one "On Digitaline, its Properties Chemically and Therapeutically Considered," by S. R. Percy, M. D., of New York.

Committee on Ethics read a majority and minority report on the subject of *Specialties*; after discussion at length, postponed till next annual meeting.

Committee on Nominations reported as follows:

For President of the Association, H. F. Askew, of Delaware; for Vice-Presidents, Wm. K. Bowling, Tennessee; J. C. Hughes, Iowa; H. J. Bowditch, Massachusetts; and T. C. Brinsmode, New York; Permanent Secretary, W. B. Atkinson, Pennsylvania; Assistant Secretary, W. W. Dawson, Ohio; Treasurer, Caspar Wistar, Pennsylvania; For Com-

mittee of arrangements, J. A. Murphy, James Graham, R. R. McIlvaine, J. P. Walker, W. T. Brown and W. B. Davis, all of Cincinnati, Ohio; Committee on Publication, the same as at present; Committee on Education, S. D. Gross, D. F. Condie, John Bell, Philadelphia; H. J. Bigelow, Boston, and Chas. A. Pope, St. Louis. Committee on Medical Literature, A. C. Post, James Anderson, A. D. Noyes, T. G. Thomas, and Stephen Smith, all of New York; Committee on Prize Essays, F. Donaldson, Jos. Simpson, C. C. Cox, E. Warren, and W. C. Van Bibber, all of Baltimore. The Committee on Climatology on Epidemics, and on American Medical Necrology, were continued.

"The principal work of scientific interest and importance was transacted in the several sections.

The papers and reports read and referred to the Committee of Publication are sufficient to make a large sized volume; among them Report on Diptheria by Dr. Holton, of Vermont; Cerebro-Spinal Meningitis, by Dr. Levick, of Pennsylvania; Etiological and Pathological Relations of Epidemic Erysipelas, Spotted Fever and Diptheria, by Dr. Davis, of Illinois; Alcohol and its relations to Man, by Dr. J. R. W. Dunbar, of Maryland.

The Association adjourned to meet in Cincinnati, on the first Tuesday in May, 1867.

SELECTED.

CHOLERA.

Epecially Commended to the Attention of Sensationists, Panic-Mongers and Specialists. From a British Journal of 1834.

We do not intend to re-argue the nature and the cause of cholera. Extreme opinions have, we trust, been softened down—the bitterness of party has expired with the occasion—and we think we may assert, that the majority of well-educated, practical, and reasonable men have arrived at nearly the same conclusion, and act on very similar principles. None dream at present of advocating quarantine—few entertain the idea or wish of alarming the public with the notion of contagion—all are convinced that, in the great mass of cases, care on the part of the individual affected, and judgment on that of the medical attendant will be amply sufficient to obviate the occurrence of malignant symptoms, or of serious consequences—and most are convinced also, that when, from imprudence, from inattention, or from other

cause, the worst features of the malady have appeared, remedies of all descriptions are too generally powerless. The common sense of intelligent practitioners has led them to *regard* the vaunts of successful treatment, in *such* cases as idle fancies or unblushing falsehoods.

In the autumn of 1832, the weekly, the monthly, and quarterly medical journals were rife with proposals of the most opposite descriptions, resembling each other only in their success.

Mr. A. amazed the public with a series of cases of the most malignant cholera, triumphantly treated with calomel and opium. Mr. B. looked with horror on that murderous practice, and effected all his cures with cold water. Mr. C. was successful by preventing his patients from slaking their agonizing thirst, although like Dives, they implored but one drop to wet their lips. Dr. D. administered fluids by buckets full through the mouth, the anus and veins. All were sanguine, all victorious, and the difficulty was, not to discover a specific, but to choose one. Some simple persons were delighted with all this, and rapturously received each Shiloh as he came. But the rapid succession of miracles and prophets at length proved too much for even the most credulous digestion. The true believers were forced to confess that they had thrown away their faith on false divinities, and were compelled to fly for comfort to the fond idea, that a genuine specific existed somewhere, though, like Solomon's seal, its possessor was unknown. It is not impossible, said the *Lancet* of that day, "that a specific for cholera has already been discovered."

It may seem that we are talking of things that were, of follies irrevocably past, and of credulity not likely to revive. A moderate acquaintance with mankind is sufficient to stamp the truth of the remark, that experience seldom instructs the mass. The deceived and abandoned credulity of yesterday is enacted on the stage of to-day, and the same performers are often seen to play again their proper parts.

His Majesty's medical subjects are, at this very moment, exhibiting a pantomime of this description.

When the epidemic cholera first commenced its career in this country, the practice in which most confidence was placed was venesection, and the exhibition of calomel and stimulants. A brief experience was sufficient to convince all unprejudiced practitioners, that cases of a really formidable character were not amenable to these remedial measures, however rational their employment might appear. Then succeeded, at a rapid pace, the advocacy and the trial of innumerable modes of treatment, some more and some less

plausibly supported, but all without exception, brought forward by their parents as successful in cases of the worst description. It would be tedious, and it is unnecessary, to recount in due order the rise and fall of these successive methods; but a brief enumeration of the principal may be of service. Waiving a very strict attention to chronology, these may constitute the following list: stimulants and frictions—large doses of calomel—small doses of calomel—calomel and opium—emetics of mustard, of common salt, of tartarized antimony—salines by the mouth, by the anus, by the veins—water of all temperatures and in all quantities—no water at all—the application of heat—the application of cold—drugs beyond number and of every conceivable mode of operation—bandages to the abdomen. We will not fatigue our readers, nor ourselves by attempting to extend this heterogeneous catalogue. But one observation may be usefully permitted. Each successive contributor of a method denounced the mischiefs, or deplored the inertness, of those which had already been proposed. The water doctor cried “murder” when calomel and opium were employed—the patron of emetics pitied the weakness of the water doctor—and the sturdy advocate of calomel and stimulants looked with derision on both. This is no idle flourish of words. Every observation in this article, sarcastic or rhetorical as it may appear, is founded on the recollection of circumstances that have occurred. Amongst the audience that witnessed the performance of this play of many parts, some individuals looked on with philosophical incredulity and apathy; but the multitude were caught by each clever juggle and rapturously cheered each dexterous actor.

ON THE COMMUNICABILITY OF SYPHILIS BY VACCINATION.

By Wm. Fuqua, M. D., Appomattox co., Va.

From Richmond Medical Journal, June 1866

On assuming charge of the Seventh Florida Regiment, late C. S. A., as Medical officer, I found fifty-two men who had been recently vaccinated, suffering from severe ulcers on their arms, at the site of vaccination. Some of these ulcers had scabbed, and to all appearance seemed to promise a speedy “return to duty.” There were others, varying in size from that of a quarter of a dollar to that of a Mexican dollar. Their edges were hard, shining and everted: in some few cases they were undermined. An ashy coloured

slough covered their base, which was from time to time, cast off. This, however, was not always a genuine slough, but a tenacious grey and partially organized exudation. These ulcers were offensive, and discharged pus freely. The redness, circumscribing them, was limited, the limb but little swollen, and the pain of a burning, stinging character. In many instances, the lymphatic vessels were much inflamed, and the axillary glands, in each case, were more or less affected. Many of these patients complained of pain in their limbs, there was some febrile excitement, and their appetites had been much impaired. Having thus briefly described these ulcers, it may not be improper to remark upon the hygienic condition of the regiment.

At this time, it was doing duty at Knoxville, in the department of East Tennessee, and was quartered a mile from town, upon soil which had been previously occupied by troops, who had left the encampment in no praiseworthy condition. To the South, Southwest and West passed the Holston river. The general health of the command was bad—the sick list comprising one-seventh of the command. The prevailing diseases were the malarial fevers and acute diarrhœa.

The first part of the treatment of these cases, consisted in their removal to a more cleanly, and healthful locality; cleanliness of person and clothing was enjoined also. General directions were given as regards diet, and of maintaining their bowels in proper condition. The second part of the treatment was the local application of astringents in the milder cases, and escharotics, varying from the mildest kind to that of the most potential, in conjunction with the astringent lotions in the severe ones. Under this regimen, some few improved; none, however, recovered; by far the greater number grew worse. Abscesses now began to form in the axillary glands; pain in the limbs and joints increased in severity; there was a sensation of dryness in the throats of many, which was speedily followed by ulceration. Our apprehensions were now fully awakened; each day we inquired more and more diligently for some new symptom which might be diagnostic. Coppery coloured spots, now appeared upon two; the hair began to fall off in a third, and it was not a week before a syphilitic bubo, in its incipient stage, appeared in another. Heretofore, these cases had been denominated “spurious vaccination.” Spurious they were, in one sense; but specific in another, in the strictest acceptance of the term.

It is hardly requisite for me to state, that these cases were placed upon syphilitic treatment, and we had the satisfaction, in comparatively short time, of seeing the greater num-

ber of them returned to duty. A few were sent to the general hospital, one of whom died.

In conclusion, let me remark, that having mentioned to Dr. Frank Ramsey, then Medical Director of the Department, the nature of these cases, he requested me to make a report in detail concerning them, which was done, and in all probability found its way to the late Surgeon General's office.

Upon inquiry, it was definitely ascertained, that the virus for inoculating these patients was obtained from a sailor on the coast of Florida, who laboured under primary syphilis at the time of vaccination.

MEDICAL NEWS.

Dr. Bence Jones' Discovery of a Quinine-like Substance in the Animal Body.

At the last Friday evening's meeting of the Royal Institution, Dr. Bence Jones gave a singularly lucid and interesting account of one of those discoveries which, from time to time, open up entirely new fields of research. It seems that Dr. Bence Jones, some months ago, desired to detect the presence of quinine in the animal body. For this purpose, a test was essential, and the test he adopted, was that peculiar influence, (fluorescence,) of this alkaloid on the refraction of light, whereby it makes the dark part of the spectrum, beyond the violet ray, luminous. Having fixed on this as a test, and prepared standard solutions of quinine, so that he might be able to get something like a notion of quantity, by comparing the effects of solutions of various strengths on the spectrum, he set to work on a guinea-pig—gave the creature three grains of quinine, then tested the blood, and crystalline lens, and other parts, and obtained the most satisfactory evidence of the presence of quinine. Luckily, however, for science (though, as may be imagined, it was a source of great perplexity at the time,) Dr. Bence Jones, in order to complete the experiment, submitted the same parts of a guinea-pig, which had taken no quinine, to the same test and out came the same reaction; every part of the *non-quininized* animal—heart, liver, kidney, and lens—when treated like bark, in such a manner as to dissolve out and purify any alkaloid that might be in them, gave the same spectral reactions as similar solutions did from the animal that had taken quinine. Here was a puzzle! Undismayed, however, Dr. Bence Jones set to work to make out the mystery. He soon convinced himself that the tissues of all animals con-

tain a something which, if dissolved out like quinine, gives the same fluorescent reaction with light. One solution of quinine, interposed in the rays of light, cuts off the fluorescence of another; so does a solution of the quinine-like substance; and so does each upon each, interchangeably. Common salt and hydrochloric acid, also, lessen the fluorescence of both. This quinine-like substance, too, can be demonstrated in the tissues (in the lens) fresh, or preserved in glycerine; and can be demonstrated in the living, as well as in the dead. Mr. Bowman had shown it in the eyes of his dog, and Dr. Bence Jones sat down before the electric light, which Professor Tyndall adjusted, so as to let the audience see the strange fluorescent gleams from the interior of his eye. It has been found impracticable, as yet, to isolate the substance, so rapidly does it undergo oxidation; but Dr. Bence Jones had carried out an interesting series of investigations, which convinced him that this quinine-like substance was part of the natural constituents of the body; and that, judged by the quantitative reactions, the quantity of it was temporarily increased, by giving quinine. It was shown, by this means, that quinine, in a very few minutes after its administration, passes into every tissue of the body; that its maximum effect is produced in two or three hours, and then decreases, till it disappears, in about seventy-two hours. The demonstration of its presence, in the crystalline lens, gave ground for hope, that substances might be found, hereafter, to remedy perverted nutrition of the non-vascular tissues—as cataract, and, even, the deposits of gout in cartilages. Then, what a glimpse these investigations afford of the possible *modus operandi* of quinine in the cure of ague! We call quinine a “specific,” a term which indicates our notions, or want of notions, of its action, and nothing more. But, is it not possible that ague may depend on the absence of a natural quinine-like substance from the tissues? That quinine may supply this want, (thus, by-the-by, showing the futility of all attempts to distinguish between food and physic,) and that arsenic, on the other hand, may act within the body as it does without, by preserving certain matters from decomposition? Such is a rough note of this very interesting address, which was as valuable for what it promised for the future, as for what it showed at the present.—[*Medical Times and Gazette*.

DR. T. PARVIN, *Cincinnati Medical Journal*, recommends Fowlers Solntion in hæmorrhoids.

DIGITALIS PURPUREA.

By Joseph Bates, M. D.

From the Journal of Materia Medica.

ACTION—Boerhaave was induced to believe that digitalis might produce ulceration of the mouth, œsophagus, and stomach, but such results are by no means common. Withering describes the action of this agent very accurately, and in most instances it corresponds with the description of others subsequent to his day. According to W., when administered in large doses, frequently repeated, it produces sickness, emesis, sometimes a copious discharge of saliva, looseness of the bowels, vertigo, and confused vision, objects appearing green or yellow; increased secretion of urine with frequent motions to void it, and sometimes inability to retain it; a slow pulse, even as slow as thirty-five a minute; cold sweats, convulsions, syncope, and death. When given in smaller doses, it produces most of these effects in a lower degree; and it is curious to observe, says Withering, that the sickness, with a certain dose of the medicine, does not take place for many hours after its use has been discontinued; that the flow of urine will often precede, sometimes accompany, and frequently follow, the sickness at the distance of some days, and not unfrequently be checked by it. The sickness thus excited is extremely different from that occasioned by almost every other medicine; it is peculiarly distressing to the patient; it ceases and returns again as violently as before; and thus it will continue to recur for three or four days, at more and more distant intervals. These sufferings of the patient are generally rewarded by a return of appetite much greater than existed before his taking the medicine.—(Stille.)

Digitalis has two very important effects, one on the heart as a sedative, and the other on the kidneys as a diuretic; and it is generally given either in the form of powder, tincture, or infusion. We think the remarks of Dr. Munk on the different effects of the tincture and the infusion very important, and which ought to be invariably remembered in the treatment of those diseases of the heart or the kidneys which require their separate or combined administration.

“The tincture,” says Dr. M.,* “has uniformly appeared to me to be the form in which digitalis acts with the greatest certainty and effect upon the heart; while as regards the diuretic influence of the drug, I have derived incomparably the most advantage and satisfaction from the infusion. This, I

*Braithwaite, Part 10, p. 30.

believe, will be found accordant with the experience of most physicians ; and, if borne in mind, will, to a certain extent, assist in reconciling some of the contradictory views entertained by different practitioners as to the proper and usual action of the drug."

The discordant statements of physicians relative to the action of this remedy might be explained by noting the different forms in which the medicine was prescribed. Dr. M. says that the powder appears to him the least certain and the most unmanageable of the preparations of digitalis.

Dr. M. thinks that this agent is less frequently required and less frequently exhibited as a depressing agent than as an antispasmodic or diuretic. As a depressant, it is called for only where an increase of impulse is a well-marked and abiding symptom ; and as this—pericarditis and endocarditis being excepted—occurs only in hypertrophy, either simple or combined with other organic lesions, it is in these only that the drug, as a depressor of action, is admissible. Augmented impulse, then, is the symptom, and hypertrophy, as its cause, the pathological condition, which should direct our attention to digitalis, and induce us so to administer it as to obtain its depressing influence. For this purpose it will be best to administer the tincture in tolerably full doses, at intervals of eight, ten, or twelve hours. Dr. M. says that he has not found that the efficiency of digitalis in this direction can, as a general rule, be augmented by combination. It has been tried with hydrocyanic acid, the mineral acids, colchicum, nitrate of potash, conium, and hyoseyamus ; but has found, in such admixtures, so little satisfaction, that when he desires to reduce the action of a heart overgrown in its muscular structure, and attempts such an object by digitalis, he now invariably prescribes it *per se*. The antispasmodic property of digitalis is that which renders it so peculiarly useful and extensively applicable a remedy in cardiac diseases. The effects of digitalis as a depressing agent are most satisfactorily and certainly produced when the tincture is administered alone, but it is in combination only that its antispasmodic properties can, as a general rule, be obtained.* Given in combination with camphor, assafoetida or galbanum, ammonia, Hoffman's anodyne, or the other drugs classed under the general name of antispasmodics, Dr. M. remarks that it seldom fails to quiet, more or less, the tumultuous beatings of an irritable or mobile heart, provided the impulse be not at all, or not materially augmented. Thus employed, Dr. M. says that it will exert the most beneficial influence on

*Dr. William Munk, Braithwaite, Part 10, p. 38.

palpitation, oppression, and distress in the præcordia, will relieve the hurry of breathing, and calm that irritability of body and mind so generally witnessed under such circumstances. That this effect is owing to the digitalis, rather than to the medicines with which it is associated, Dr. M. has repeatedly assured himself, by withdrawing the former and continuing the latter; a loss in the amount of control over the heart has been the general result. The converse of this has been also tried; the camphor, ether, or ammonia, have been withdrawn, and digitalis alone continued. Under such circumstances, the depressing, and not the antispasmodic effects, have been observed. Dr. M. remarks relative to this, that he shall content himself with the bare expression of this fact, without attempting to theorize upon it. It would be an interesting question to decide (he remarks) whether digitalis directs, as it were, the action of the combined medicines upon the heart, or, on the other hand, whether the combined medicines merely oppose and neutralize its depressing influence. That some of the drugs which he has combined with digitalis exert an influence on the heart of a quieting character, he feels perfectly sure. Dr. M. says that "camphor and assafoetida are perhaps the best marked in this respect, particularly the former. The influence of camphor upon the heart, and its application to particular morbid state of that organ, is, I am convinced, an inquiry full of interest; it is one upon which little or nothing has yet been done, though I am convinced it would afford important practical results to any one who, having time and opportunities, would enter upon its investigations."

Dr. M. remarks as follows: "I am in the habit of prescribing digitalis, in the usual doses, for a week; and if, within that period, I perceive neither sedative nor diuretic effects, I then invariably desist from its administration. Let these effects, however, be once kindly induced, and the medicine may then be continued with safety for a considerable period. In no one instance have I seen a bad effect follow the use of digitalis where the first consequence of its exhibition were the removal or material alleviation of prominent or distressing cardiac symptoms, whether this has been brought about by its operation as a sedative or as a diuretic. A remedy, it has been well observed, can scarcely serve and hurt the constitution at the same time; and digitalis, where it gradually and in a kindly manner abates the heart's action, or stimulates the kidneys to increased secretion, never, according to my experience, accumulates, or produces, in a prominent degree, those alarming symptoms upon which writers have so amply dilated."

"We may come to regard digitalis as our cardiac tonic, specially to be resorted to in cases of asthenia, and peril from failing circulation."—(Dr. C. H. Jones, Braithwaite, Part 46, p. 296.)

REMEDIAL EMPLOYMENT.—DROPSY.—Digitalis has been more frequently lauded for its remedial virtues in the treatment of dropsy than in any other disease. It was used empirically for the cure of this malady for many years before it was adopted into the *materia medica*. Withering, in treating of its employment, says: "I use it in 'ascites, anasarca and hydrops pectoris, and, so far as the removal of the water will contribute to cure the patients, it will cure them." When the cause of the accumulation remains, the use of the remedy must be repeated. In the anasarca consequent upon scarlatina, Withering cured all of the cases, invariably, that he treated.* It resulted from his experience that if the patient be of great natural strength, warm skin, and florid complexion, and with a tense, corded pulse, or if the effusion itself be hard and circumscribed, or the anasarcaous limbs be solid and resisting, digitalis will be of little, if any service, particularly if purging by the neutral salts, venesection, and squills do not precede and accompany the use of the former medicine. If, on the other hand, the pulse be feeble, the countenance pale, the lips livid, the skin cold, the belly soft and fluctuating, and the limbs readily pitting on pressure, the diuretic action of the medicine is generally successful.

In hydrothorax, Blackall regards the power of digitalis as astonishing, and the more so when its combination with other remedies is avoided.

Among more recent authorities, says Dr. Stille, "the judicious Dr. Holland adds the weight of his testimony to the general principle here inculcated; for, after pointing out the fact that there are many cases of dropsy in which a combined tonic and evacuant treatment is indicated, he states that in such he has found iron combined with digitalis eminently serviceable. Dropsy accompanied with dilatation and irregularity of the heart appeared to be remarkably improved by the medicine, and particularly thoracic and abdominal effusions." Dr. Holland advocates that digitalis is most efficient when the circulation is feeble and the fibre relaxed. He thinks that the patients who have been weakened by disease often bear much larger doses than those in sounder health.

Stille remarks that "in dropsy, of whatever form, debility is the morbid element which calls for the exhibition of digi-

*Stille.

talís; and, with this qualification, the statement may be accepted that it is of all diuretics the most certain, and when it fails in dropsy there is little to hope from any other means."

Mr. M'Donald treated a patient afflicted with anasarca* in whom there was tumultuous action of the heart; frequent pulse; sense of weight and oppression in the region of the heart and epigastrium; dyspnœa at times very severe, amounting to orthopnœa; extreme difficulty in walking up hill; flatulence; frequent syncope; countenance with a distressed expression; and anasarea general. Bowels regular; urine very scanty, depositing a red sediment. His diagnosis was induration of the tricuspid and mitral valves, the latter to a less degree, and hypertrophy of the left ventricle. The patient had placed himself under the treatment of several physicians before he consulted Mr. M'Donald, and obtained no relief, and had strong conviction that he was beyond all aid. The treatment consisted of hydrag., scillæ, digitalis, potassæ acetatis, juniperi, &c. The patient was visited by M'Donald, August 14th. The digitalis was given first in 15 m. doses, and increased by five drops daily, until he was taking fifty minims twice a day. Aug. 21st. Patient fully under the influence of the digitalis. Complaints of headache, dimness of sight with muscæ volitantes, and feeling of syncope. Has passed during the night at least two quarts of urine; swelling nearly gone. His clothes hang about him in bags to such an extent that he is obliged, for common comfort, to have them much drawn in; From his feeling so weak this day, I ordered him (says Mr. M'D.) ammon. arom. tinct. cinchonæ co., utrq., dr. j.; mist camphoræ, dr. x. M. Fiat haustus quintis horis sumendus. Two glasses of wine, and boiled mutton. In a few days the effects of the digitalis had gone off, and the patient appeared quite well.

Mr. M'Donald, in commenting upon this case, observes that the greatest use is derived from digitalis in anasarea "by gradually increasing the dose every day (narrowly watching the patient at least three times in the twenty-four hours), and carrying it to the greatest possible extent—i. e., until muscæ volitantes and the other symptoms of poisoning from the drug *unequivocally* make their appearance.

The virtues of digitalis in dropsy have occasionally been manifested by its external application.† Belluci reported five cases of the cure of hydrocele by the application of an ointment of digitalis to the scrotum, and Lafarque has confirmed them by a case in his own practice. He made use of an ointment containing one part of digitalis to five of lard.

*Braithwaite's Retrospect, Part 17, p. 32. †Stille.

M. Falot, also, cured three cases of ascites, independent of organic disease, by means of fomentations made with two ounces of digitalis in a quart of water boiled down to a pint. Copious diuresis was produced, and the cure followed.

EFFECTS OF DIGITALIS ON GENERATIVE ORGANS.—MR. Brughmanns says,* that if from 35 to 50 centigrammes of pul. digitalis be given for five or six days, the most complete hyposthenizing effect is produced on the generative organs. He has thus given it with great advantage to combat erotic excitement, whether due to excitable temperament, sedentary life, stimulant regimen, or the privation or excess of venereal pleasure, &c. He also finds it very useful in subduing the inflammatory accidents that so often accompany syphilitic diseases, and which may be prevented by its administration. It is pre-eminently useful when phymosis or paraphymosis, chordee, epididymitis or adenitis are either present or feared.

A case,† illustrative of the action of digitalis in arousing uterine contractions during labor, occurred in Paris under the care of M. Delpech.

HEART, DISEASES OF.—Diseases of this organ are very various, and their manifestations sometimes ambiguous; hence, no one remedy can in all cases be tolerated, much less be advantageous. In treating of those cases in which digitalis might be supposed beneficial, I shall avail myself of the suggestions of Dr. Stille, and what he has collated.

"Writers upon this class of diseases," says Dr. S., "have endeavored to determine with precision the particular cases to which digitalis is appropriate, and those in which it acts injuriously. They have, in general, arranged in the former class hypertrophy of the left ventricle, and in the latter dilatation of either the right or left cavities. This doctrine does not, however, rest upon observation, but flows rather from hypothesis concerning the action of digitalis; the doctrine, namely, that it is a direct sedative, debilitating this organ and at the same time reducing the number of its pulsations. But this explanation is altogether opposed to the numerous facts which show that the tendency of digitalis is rather to increase the energy of the heart's pulsations than to weaken them, even when their frequency is very much lessened under the influence of the medicine. The mere anatomical condition of the heart is a much less trustworthy guide to the use of digitalis than the alterations of its power and rythm. When its action is irregular, tumultuous, and excessive, and the breathing panting or oppressed, and when,

*Boston Med. and Surg. Jour., vol. 55, p. 152. †Stille, p. 330.

at the same time, the patient's condition is one of debility or exhaustion, digitalis may generally be used with advantage. But when such derangement of the heart and of the breathing occurs in a person of full habit and unimpaired muscular strength, the use of the remedy ought to be preceded by depletion, diet, and purging. There is one form of heart disease, however, in which it seems probable that the action of digitalis must be injurious, to wit, contraction, with deficiency of the aortic valves. Dr. Carrigan and several other writers have insisted upon this proposition. In numerous cases reported by them, the symptoms appear to have been severely, and even seriously, aggravated by the medicine; the breathing was rendered more laborious, and the cough more urgent. It is not difficult to account for this effect. The disease becomes a cause of distress because the blood regurgitates through the aortic orifice into the ventricle; hence, it seems but reasonable to suppose that whatever causes the heart to beat more slowly must allow the blood to flow back more freely into the ventricle, to distend it unduly, to paralyze it, and consequently to interrupt the circulation and the breathing. The natural mode of relief for the symptoms which this disease occasions is the frequent and free contraction of the ventricles; but digitalis renders its contractions less instead of more frequent, and therefore aggravates the evil instead of palliating it. The conclusions of Dr. Munk do not vary in any essential point from the principles which have been here maintained. According to him, digitalis is seldom as advantageous in simple hypertrophy as when this is combined with other lesions of the organ, because the condition of tone contraindicates its employment, although the heart at the same time beat tumultuously. But in dilatation, with valvular disease of the organ and dropsy, it is of great utility by its diuretic as well as its indirect sedative influence. In a plethoric state of the system, he agrees with many other authorities that it is inoperative. Trousseau and Pidoux, on the other hand, recommend the medicine in hypertrophy, whether accompanied with dilatation or not, and disapprove of its use in simple dilatation, with signs of impeded circulation, such as coldness and œdema of the extremities, congestion of the face, &c. But this opinion is opposed to all experience, and rests upon a conjectural interpretation, as well of the action of the medicine as of the mechanism of diseases of the heart. Dr. Holland confirms the view which has here been taken of the true indications for the use of digitalis in heart disease. He can find nothing incredible in the fact that it may under certain circumstances tend to produce intermittent pulsation, and yet under other

circumstances correct the irregularity already existing. He points out the fact, which must be now regarded as established, that the large and flaccid heart is not, as on first view it might seem, the least favorable to the use of the medicine. And he compares the action of digitalis on an irregular heart to that of fever, which often restores a natural rythm to a deranged pulse; thus implying his belief in the stimulant properties of the medicine. Conclusions almost identical with the preceding have been drawn by Mr. Beau from his clinical experience. He shows that, in organic diseases of the heart, congestion of the face and of the jugular veins, puffiness of the eyelids, smallness of the pulse, dyspnœa, palpitation, and dropsy are symptoms produced by a want of power in the ventricles, and that if in such disease the pulse is frequent, its frequency is merely a sign of the struggless of the heart to compensate for the small amount of blood which it distributes by the iteration of its contractions. If, then, digitalis does—as we know that it really does—dissipate all these symptoms while it lowers the pulse, its action upon the heart must necessarily be that of a stimulant.”

HEMORRHAGE.—Mr. Howship Dickenson recommends digitalis as a remedy for uterine hemorrhage.* In a series of trials it never failed to arrest the flowing, when the symptom was not caused by organic disease. It was given in doses of an ounce to an ounce and a half of the infusion. He ascribes the effect to the action of digitalis on the ganglia of the uterus, whereby the organ was stimulated to contract.—(London Lancet.)

BOWELS, CERTAIN AFFECTIONS OF.—Dr. Ware stated that he had found digitalis of great benefit in the following case. (The case was reported to the Boston society for medical improvement.†) The patient was a woman who had suffered from dyspepsia, and had become somewhat reduced in strength by child-bearing. She had an affection of the bowels, which consisted in excruciating pain, coming on in paroxysms, together with diarrhœ and vomiting. The pulse was also extremely frequent, varying from 120 to 140. She bore opium badly. Dr. Ware, thinking that the quickness of the circulation might keep up the irritability of the system, ordered digitalis, and this remedy was continued until the pulse was reduced to 54 beats in the minute, where it was kept by the remedy for a considerable time, and the patient recovered.

PULMONARY AFFECTIONS.—Physicians of half a century ago, were lavish in their laudations of digitalis as a cure for this class of maladies. Beddoes remarked, as follows:—“ Were I

*Boston Med. and Surg. Jour., vol. 54, p. 48.

†Boston Med. and Surg. Jour., vol. 56, p. 140.

to affirm that it cures three out of five cases of consumption, I think I should keep within the limits of truth." The patients of B. were probably afflicted with chronic bronchitis and chronic pleurisy, diseases in which digitalis might be said to cure three cases out of five. However erroneous the ideas which some physicians entertained of the curability of tubercular consumption by digitalis, Dr. Stille is confident, that there is unquestionable evidence of its utility in chronic bronchitis attended with fever of a hectic type, œdema of the limbs, and emaciation.

EPILEPSY.—Dr. Corrigan, of Dublin,* says that foxglove has, from time immemorial, been administered for epilepsy in the rural districts of Ireland. In many instances, success has followed on its exhibition, but the effects have been so violent, from the quantity administered (the formula is ounce iv., to the pint of water, a quarter of this for a dose) that the profession has shrunk from using it. Sir P. Crampton, however, informed Dr. Corrigan, in 1828, that he had cured three cases out of four by it, though he did not venture beyond the first dose.

In the year 1831, Dr. Sharkey, of Cork, in a paper in the *Lancet*, drew the attention of the profession to its good effects in the disease, given according to a similar formula. After many trials of its preparations Dr. S. gives the preference to the infus. digitalis of the Dublin pharmacopœia. He begins its use with ounce j. of the infusion every night at bed-time, increasing it after a week to ounce iss., and after another week to ounce ij., beyond which it is rarely necessary to go, and continuing it until sickness of stomach and dilated pupils are observed, when the dose is to be diminished by ounce ss. or ounce i., until the maximum dose that can be borne without inconvenience is ascertained, at which the administration is to be continued for two or three months. Given in this way, its exhibition is attended with no inconvenience beyond an occasional attack of slight sickness of stomach, in the morning, or headache, &c., when the medicine is to be omitted, and a day or two is to be allowed to pass over before resuming its use. With the exception of these symptoms, there is no perceptible effect beyond slow action of the heart; and the patient during its use is able to follow his ordinary avocations.

Dr. Corrigan reported a case, where the patient had been taking nitr. silver, cupri ammon, strychnine, &c., without benefit. Dr. C. directed him to be cupped on the back of the neck, an issue to be afterwards inserted, and ordered half a grain of antim. pot. tart. to be taken every night. This was

*Braithwaite, Part 12, p. 32.

changed to turpentine in drachm doses nightly, with a drop of ol. valerian. Under this treatment the fits ceased for a time, and the medicines were discontinued. In ten days after they returned with increased violence, and in August, Dr. C. says, that he ordered him the infus. digitalis of the Dublin pharmacopœia, in the dose of a wineglass-ful every night at bed-time, to be increased if he could bear it; he increased the dose to ounce iij. every night, and on August 15, he called on Dr. C. with greatly improved spirits; he has had but one slight attack within the last thirteen days. Oct. 20.—The attacks are now so mild that they do not awake him. As the digitalis was not producing its specific effects, Dr. C. ordered him to take ounce iv. of the infusion for a dose; this produced no more visible effect than the former dose, when an accidental circumstance led him to obtain a repetition of the infusion from a different supply, which must have been much more carefully preserved, for in a few days he was obliged to discontinue its use, and then on returning to it, to reduce the dose to ounce ij. as at first. In this dose, he continued its use for about three months, the attacks of epilepsy gradually became milder, and at length ceased altogether; and Dr. C. says;—"I have had the gratification of seeing this gentleman very frequently in good health and spirits, a period of nearly four years having elapsed now without a return of an epileptic attack." Numerous cases might be instanced in confirmation of digitalis as a successful remedy in epilepsy.

Dr. Cormack adds, in a note, the foxglove is mostly beneficial in cases of epilepsy where there is much arterial excitement, but as such is not usually present in this disease, it is not likely to prove extensively useful. He states that he has found indigo act more like a specific in epilepsy than any other remedy.

SPERMATORRHŒA.—Corvisart has employed digitalis in this affection with complete success. M. Brughmans reports several cases treated successfully with this agent. Numerous authors might be cited who recommend digitalis for the cure of spermatorrhœa.

ACTION OF DIGITALIS AND ERGOT COMBINED.—Dr. Charles O. L. Ronayne publishes in the Dublin Medical Press an article on the "action of digitalis and ergot combined," from which remedies he has derived great benefits in the treatment of many renal and cardiac maladies. He claims for the two remedies combined, sedative, tonic, and hæmostatic action. In one case, of a young man suffering from mitral valve regurgitation, complicated with general and pericardiac effusion, and who during an attack of subacute rheumatism was seized with severe heart symptoms, great anxiety, precordial

distress, dyspnœa, sleeplessness, frequent faintings, fluttering and irregular pulse, occasional hæmoptysis, with general dropsy and some pericardiac effusion. The symptoms were all speedily relieved by ten to fifteen drop doses of the tincture of digitalis and ergot combined, thrice daily. The combination is also recommended in cases of chronic bronchitis and bronchorrhœal asthma. It is recommended in different menstruation, and in leucorrhœa.—(Druggists' Circular and Chem. Gazette, Jan., 1866.)

EXTERNAL USE.—Van Helmont used digitalis successfully as a local application to scrofulous tumors and ulcers, and several other writers report no less favorably of it. As a domestic remedy, it is said to have been long employed in England and Italy for this purpose. A tincture of digitalis has been successfully used in dropsy, by bathing the affected part with it and wine of squills.* Chrestien reports, that he has treated dropsy following scarlatina and intermittent fever, by friction upon the abdomen with tincture of digitalis and with satisfactory results. M. Fallot reported three cases of ascites and general dropsy caused by suppression of the perspiration, and which were cured by fomentations of digitalis applied to the abdomen. He used an infusion of a drachm in a pint of water. Dr. Christison states that he has seen diuresis induced by rubbing on the abdomen a mixture of tincture of digitalis and soap liniment, and by placing on it cloths saturated with a strong infusion of plant, in cases where the ordinary preparations of the medicine, as well as other diuretic remedies, had failed when given by the mouth.

DIGITALINE.—The active principle of digitalis was obtained, in 1844, by MM. Homolle and Guevenne. The potency of digitaline is such that it should be used with caution and circumspection. One-hundredth of a grain of digitaline is thought to be equivalent in powder to one grain of the best powder of digitalis. The medicinal qualities are nearly the same as digitalis, differing in degree. Andral would not advise to exceed the daily dose of 1-22 of a grain of digitaline, and thus obviate the danger of its toxic symptoms. An ordinary dose might be estimated at from 1-40 to 1-32 of a grain.

*Stille, p. 338.

EDITORIAL

MEDICAL POLITICS.

"But especial care must be taken that monopolies, which are the cankers of all trading, be not admitted under specious colors of public good."—*Bacon*.

"Mere formalism would never have possessed the vitality and endurance exhibited by the faculty of Paris in the seventeenth century, when its great strength resided in its attachment to its salutary moral laws; and when it was an integral of a society exhibiting in the liberal professions—the bar, the magistracy, and educational bodies—genuine uprightness, manliness, and candor, the individual members manifesting in no ordinary degree the qualities of probity, disinterestedness, and the family spirit, with all the sober virtues, and homely charities which appertain to it. In those days admission to the profession of medicine in Paris was attended by peculiar ceremonies, impressive pomp, and imposing circumstances. The presiding dignitary of an occasion solemnly announced: "Sir candidate for the doctorate, before you are initiated you have to take three oaths. First, to observe the rights, statutes, and venerable customs of the faculty. Second, to assist the day following the feast of St. Luke, at the mass for deceased doctors. Third, to combat with all strength against illicit practitioners of medicine, whatever might be their rank or condition in life. Will you swear to observe these things?"

Some of these statutes, thus gravely assumed to be sustained and obeyed, are memorials of the virtuous principles which, in spite of all absurdities of form, were held in honor by their body; as

"The doctors are enjoined to cultivate friendship with one another."

"Never to visit a patient without an express invitation."

"The secrets of the sick are sacred; and no one is to reveal what he may see, hear, or so much as suspect in a patient's house."

In those days, in common with all the different bodies

which composed the University of Paris, the medical corporations possessed great privileges, exemption from all taxations, direct or indirect, from all public burdens, from all onerous services or obligations. Liberty in those days assumed the form of privileges; and its spirit was nursed and kept alive within the bosoms of those self-ruling corporations, and in none more remarkably than in that of medicine. The *esprit du corps* naturally existed with peculiar strength in a body not merely organized for purposes of instruction, but exercising a liberal profession, of which it had the monopoly. Hence a minute internal legislation imposed upon all its members, and willingly accepted in view of the interests of the body. Its alumni were aspirants to a life-long membership, whereas with us, the medical man's dependence upon the faculty virtually ceases the day he takes his doctor's degree. He has nothing more to ask or to receive from it; his affair is now with the public; and the sense of brotherhood with his colleagues in the profession is lost, it is to be feared not unfrequently in a feeling of rivalry. But it was otherwise in the olden time. The day which now sends forth the full fledged doctor to his independent career, drew the tie closer which bound him to his order in which then only he began to take his solemn place. The honor and the interest of each member thus became common property, and unworthy conduct was punished by summary exclusion from the body."

The extract is from a paper in a recently issued number of a popular periodical that has a very large circulation amongst the people of the widest diffused body of christians in the world. Does it not exhibit an intrinsic error in the economy of organization, and appeal to such members of the medical profession, of the present day, who really desire the action of medical associations to comport with the essential dignity of the calling of the physician, and the interests of the people, rather than serve to foster imposition and shield imposters?

The opinion is commonly, indeed universally entertained by the public, that each medical man is actuated alone by sinister motives; and though "the medical profession is now, and always must be, one of the noblest vocations that men

can follow," yet the admission is inevitable that the men who follow it are not now, in every instance, the noble illustrators of the nobleness of the vocation they profess. And the people regard with suspicion every combination of medical men, embracing the spirit of the oath administered by the ancient faculty of Paris, feeling that it is designed to abstract from them or limit their exercise of rights they have assumed in the progress of time and the development of mind, and confirmed to them by the innovating spirit of successive ages, which has penetrated the sanctuary, diffused itself through all the business of life, completed social revolution, and culminates in the right of individuals to judge and to choose.

The opinion is the growth of ages; and history furnishes facts to justify the suspicion that the combinations are not indeed and in truth alone for the good of mankind, but are organized and sustained by an object more directly, and more strongly incentive to the members than an abstract motive of universal benevolence. Hamilton, the historian of the profession, traces the art of healing to celestial origin, and its exercise as exclusively connected with the Priesthood in all countries. "The priests labored with infinite address and consummate skill to secure to themselves the permanency of the monopoly." But in the course of ages, and under the force of circumstances, its practice passed into the charge of other classes, until sects were established, and doctrines were enunciated and discussed, but yet these contestants enveloped their altars in secrecy and made approach to them difficult; and while it is true that mankind has been very essentially benefitted by the discussions between the sects, and by the labor expended to qualify the disputants to attempt and maintain the ascendancy, it is yet as true that the disputants were no rivals in desire to have the monopoly they enjoyed perpetuated. As time progressed the form of associations, and of teachings changed, until, in France the Faculty of Paris ruled, and in England the London College of Physicians had sway; formality and teachings had undergone change, but the monopoly had been preserved—it had been cherished, and its interests had been watched with all the assiduity appertaining to domestic care.

It is to be observed that the obligation at initiation of the Faculty of Paris presents three points, each of which is well adapted to maintain the dignity of that body; but neither makes mention of the good of the patient, or reference to the interests of the public. True, like Narcissus, "disregarding all others in respect of themselves," they could reasonably feel that the good of mankind was consulted in imposing upon those admitted to association vows of exclusiveness, ignoring propriety in all others not similarly admitted; for, it must be understood that all, however well qualified by education and habit, unless regularly initiated members of the Faculty of Paris, were illicit practitioners.

The London College of Physicians gave a license to applicants able to pass examinations after two years residence at a university. The residence at the university for two years was as imperative as particular qualification exhibited under examination. At so recent a period as the first years of the present century, there was in heavy practice in London a Doctor Heaughton, who as "an anatomist, physiologist, and accoucheur was inferior to no man," yet he had never resided at any university for two years; and though he had no objection to submit to the strictest examination, and to pay the fee for license, the College, without disputing his competency to practice physic, insisted on his complying with the requisite of residence at the university, or be classed as an illicit practitioner, and as such suffer penalty. The motive of such proceedings was not, by the people at the time, ascribed to a desire "for the promotion of medical science, and the good of the public; but rather to a desire to force such compliance as would remove the doctor for two continuous years from a field for practice that the members of the College wished themselves to occupy.

Since the introduction into the United States of Medical Classes, the standard of medical education has been gradually raised higher, and the scope of studies embraced in "a course" has been greatly enlarged; and the members of the medical profession demand that every one proposing to practice shall be a diplomated doctor by a regularly formed faculty of professors. But here teaching is essentially popular; and not-

withstanding the guard attempted to be thrown around the bestowal of testimonials of merit and professional ability, admission to the doctorate is as easily attained, as the control of a few hundred dollars for the payment of professors, tickets, and a graduation fee. True, avowedly, the requirement preceding the privilege of asking for examination for the degree is, attendance on two full courses of lectures ; but the evidence of compliance is nothing more than the exhibition of a matriculant's ticket, and fourteen tickets from the occupants of seven chairs, constituting a faculty in a chartered school. And the degree conferred by a self-organized, though formally constructed, authority acting under charter from the State, is the certificate the possessor bears to shield him from defamation as an imposter encroaching upon a domain that usage, so ancient as to have constituted an incontestable privilege, has appropriated ; and the monopoly, heretofore, and in other countries, secure, is clung to here, and the doctors still contend for the propriety of their determining who the people shall support in the practice of medicine. But the people of this day do not permit any body of men to enjoy as a monopoly the exercise of a liberal profession, and have no idea of admitting that the honor and interests of each member of such a profession is common property ; nor will they submit to any appearance of dictation from a source not originating from, and not accredited by them. This is well understood by each one proposing to practice medicine in this era of political experiment and of personal liberty ; and except the gentlemen who will never but by accident render themselves liable to such censure from *confreres*, summary exclusion by the body of the faculty, is not regarded as punitive ; because the people, not from sympathy with the offending member of the faculty, but presumptively, in defense of their right, ignore the judgement, and make the culprit a lion and a pet.

When the interests of individuals were identical, and were promoted by combinations to which the king gave support and authority, and legislation was effective in sustaining those constituting such combinations in the enjoyment of monopoly, they were productive, doubtless, of much good, in

restraining men from immoralities, low cunning, and nefarious back-biting. Then, offenses against the sober virtues, and pure morality, were held to be paramount to mere default in observance of courtesies; and those who refrained from "adulteries and fornications, and all uncleanness, and lived soberly," scorned to traduce, and regarded the slanderer, busy with other men's matters, and the envious as equally despicable. Then, the elements of combination were scholars, free from vice; and summary expulsion from such a body at once consigned the individual to neglect, poverty, and infamy.

But now when "the medical man's dependence upon the faculty virtually ceases the day he takes his doctor's degree," it is a matter for serious inquiry whether there is not essential error in the economy of the profession in this country, attempting organizations, except for friendship and mutual improvement, and essaying itself to sustain, any longer, formalities that have been tried, and found inadequate to the end in view, not because the formalities are not intrinsically good, but because adverse to the spirit of the age.

The requirements by the ethics of all associations of medical men in this country make the physician a man of education, a gentleman in manners, and possessed of a pure moral character; but is there any association that does not number amongst its members individuals who ape not scholarly attainments, possessing but moderate knowledge of medical science, and yet who practice the manners of the gentleman, but notoriously eschew morality, being given to excesses? It is a matter for serious inquiry whether there is not essential error in the economy of the profession in this country, attempting to attract attention to particular offenses against morals and good manners that are uniformly condemned by general ethics; because the graver matters of the law are not subjected to proper cognizance, and pure morals are violated with impunity by diplomated rakes and debauchees, possessed of suavity in manners, who would be discountenanced by the people and ejected from the privilege of ordinary social intercourse, if not shielded by professional protection, that cannot, under present circumstances, be withdrawn, without giving them the sympathy of the

public justly due to the innocent, as victims of conspiracy and persecution. The charlatan who meets with success in his appeals to the credulity of the people, and accumulates wealth, and attains social status, and exercises personal influence, makes a show of wisdom in strictly observing the requisitions of that good society which has regard to correct moral deportment.

“But it is much easier to complain of evils than to find remedies for them; and there are many evils which inevitably attend the profession of medicine, yet there are many which may be partially or entirely cured. Take care to improve, unite, and build up an *educated* profession and the work is accomplished.”

It is a satisfaction to us to see the papers, or synopsis of papers furnished the profession through the *Monthly*, favored by insertion in other periodicals. But it would be more satisfactory if the editors or proof-readers, as the case may be, of the periodicals who copy from this, would show care enough to gave it its own name. A journal in New York city that does not send its numbers to our address publishes an important article from the “Medical Journal Memphis.” And another at St. Louis publishes another article, and credits it to “The Medical Journal Monthly.” Though the name is boldly imprinted on the cover, and the first page of each number, it is deemed best to close this notice with its reiteration, “THE MEDICAL AND SURGICAL MONTHLY.”

THE *Journal of Materia Medica*, devoted to Materia Medica, Pharmacy and Chemistry, has been revived under the direction of Joseph Bates, M. D., and R. A. Tilden. It is a monthly of 32 pages at one dollar a year, New Lebanon, N. Y. Its pages furnish much information of a character valuable to the practitioner of medicine.

DR. B. A. POPE will hold a clinic for the treatment of diseases of the eye and ear, in his office, in the Adams Building, on Second street. This clinic is intended for the benefit of the poor of Memphis. Members of the profession are requested to attend and to give information to the poor. The clinic will be held twice a week, at two o'clock Tuesdays and Fridays.

IN MEMORIAM.

It is our painful duty to announce the death on Friday night, June 22, 1866, of our esteemed friend and professional brother, Dr. Wesley Moore, of White's Station, ten miles from this city. He has fallen like many noble spirits before him, while in the faithful discharge of his duty, too forgetful of self. He had been suffering for some weeks from intermittent fever, for which he never ceased his labors until a week before his death, when he was compelled to take his bed on account of a severe attack of remittent fever, which culminated in inflammation of the brain, producing death. Dr. Moore was a man of powerful constitution, strong native mind, practical judgement, a high sense of honor, energy, and great amiability combined with firmness. A spirit of christianity pervaded his every action, and lent an additional charm to his frank, manly course. He had been practicing his profession at or near White's Station for ten years past, and had succeeded in securing an extensive practice, the confidence and love of the community in which he lived, and the esteem and respect of all who knew him.

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OBSERVATIONS ON SPORADIC, ENDEMIC AND EPIDEMIC DISEASES—CHOLERA.

By Frank A. Ramsey, M. D.

"We Must not add wings, but rather lead and ballast to the understanding, to prevent its jumping or flying; which has not yet been done.—Bacon.

The quoted remark is eminently applicable to the subject now most prominently presented through the medical periodicals. Practitioners anxious to discharge a duty, freely and extensively propagate, each, his opinions of cholera with a view to the enlightenment of mankind; or, with more of intent to impress communities with the importance of particular opinions, and the wisdom of those who enunciate them, others assume a positiveness seemingly not admitting of contradiction, but the strength of which resides alone in the imperativeness of language, and not in invulnerable fact. The result is, Cholera literature, and the continued additions it receives each recurring week, constitute a mass of "vague and arbitrary experience, mere groping in the dark, that rather astonishes than instructs. Nor has a store and a collection of particular facts capable of informing the mind, or in any way satisfactory, been either sought after or amassed. On the contrary learned but idle and indolent men received some mere reports of experience, traditions as it were of dreams, as establishing or confirming their philosophy, and have not hesitated to allow them the weight of legitimate evidence. This continual heaping up of laws, observations, and experiences, without digesting them, maketh but a chaos and confusion, and turneth the laws, observations and experiences, many times to become but snares. The particular fact-phenomena of Cholera are in reality but

as a handful when compared with the fictions of the imagination, and yet there is great difficulty in separating the one from the other ; but the risk attending want of success is not to be compared with that of neglecting the attempt. In the one case it is merely individual discomfiture, in the other. it is leaving indefinite and vague observations to produce fallacious and uncertain information."

It is admitted that the employment of a word in season and out of season, influences opinion, and breaks down or sustains practice. The use of a single word, though grammatically and philologically proper in the connection, may wholly thwart the object desired to be attained, or, perhaps serve to give importance to a conclusion that otherwise it would not possess. Theological discussions have originated and constructed religious separatists, until denominational distinctives have become multiplied legions, wholly dependant on the importance or meaning of particular words. Romanists rest argument on the basis of a single word, and regard all they claim as conceded, in their use permitted by Protestants, of the word Catholic, and amongst Protestants the appellatives by which denominations are known exhibit the extent of influence exerted by individual words. It is evident then that words to influence each and every one alike must have a defined significance.

The word Cholera was used by Hippocrates, and after him Celsus and Trallion defended, each, his view of the nature of the disease by different derivations of the word ; and subsequently fathers in the profession generally adopted the derivation of Celsus, from the Greek words signifying *bile-flow*, and any differences in doctrine chiefly consisted in the part they ascribed to the bile, and to the state of this secretion in the production of the disease. It does not appear that Trallion's, derivation from the Greek words signifying *intestinal-flux*, and that of Celsus, giving it a more restricted signification, have prevented the word Cholera from attaining a position in nosological arrangements, as distinctive of class, or order according to the views of the systematic writer, giving prominence to the nervous involvement as Cullen, and more recently Copland, or attaching most importance to the part played through or by the alimentary canal, as Good. But the profession in its progress has not permitted the word to remain pliable to the peculiar views of individuals ; and gradually it has become as definitely expressive of a particular idea as it is possible, probably, for a single word to convey. Cholera now embraces alone the characters of the complaint, and has no reference to source of cause, or tissual or organic involvements or changes, or

circumstances of occurrence. Cholera conveys, inevitably, the idea of simultaneous, or succession of, and repeated, vomitings and purgings, præcordial anxiety, abdominal spasm, muscular cramps, sweat, prostration; and though one, or several, may be absent, or all present, the peculiar combination of several or all of the designated symptoms will be recognized by the practical physician as Cholera.

Celsus, of the reign of Augustus, second Emperor of Rome, drew well the portrait of Cholera;

"The bile bursts forth both upwards and downwards, at first like water, afterwards as though fresh flesh had been washed in it; sometimes white, sometimes black, or variegated. All these symptoms associating it is not to be wondered at that the patient should die suddenly."

About the year 1740, Baron Von Swieten published: "In the disease termed Cholera, when of a sudden, in a few hours time, there is so great a discharge of the humors both by vomiting and stool, that the whole body is exhausted, the face looks pale and collapsed, and the strength is destroyed, * * * from so profuse and sudden inanitions; * * * and this I have often observed with great admiration, and particularly in a strong girl, who in the space of three hours had her face so much altered and collapsed by this disease, that her most intimate acquaintances could not know her."

Jno. Baptist Morgagni records as follows: "In the year 1773, after traveling from Forli to Pesaro and back, I was seized with such a profuse diarrhea that within twelve hours I had discharged at least sixteen pints of a serous fluid, which was almost limpid. The pain was but slight, and the dejections were not frequent, but copious. Nausea, that was encouraged, and free vomiting succeeded until having thrown up a small substance, of a greenish color, which appeared to be the small leaf of a boiled herb, the sickness and diarrhea were cured simultaneously. This attack however had so reduced me in flesh and strength that I did not perfectly recover in some days."

So it is with other words originally introduced because their derivations, or philological force, adapted them to the purpose of perpetuating observations and experiences, and communicating hypotheses and experiments, and giving expression to rationales.

Van Swieten and Morgagni have drawn their descriptions, each, from an individual case, and Morgagni has not omitted to record an intimation, if indeed it is nothing more, of an accidental cause of the characters enumerated. And no difference if the word was first used in its philological force conveying an idea of spreading,—the physician of this day recognizes from the description instances of *SPORADIC Cholera, supervening indifferently in every season and situation from accidental causes, and independently of any epidemic or contagious influences.*

Thus, in Morgagni at a time that his system had been subjected to long physical exertion, and consequent weariness, an undigested dinner herb occasioned, and maintained

until it was ejected from the stomach, all the evidences of Sporadic Cholera. And the observation has frequently been made of individuals who under any positive emotional excess, in anger, or in sorrow, or in joy, invariably had, with more or less intensity, Sporadic Cholera; and the commotion of the system occasioned by swinging, by riding backwards in a coach, or by a rough sea far away from land, is evidenced by symptoms properly classed in nosological systems as Sporadic Cholera.

A record made by Searle is an appropriate illustration of a considerable number of cases, of Sporadic Cholera, or, occasioned by an accidental cause. In August, 1829, a very foul drain or cesspool, was opened, and its contents thrown into a garden adjoining a school at Clapham, England. A day or two afterwards one of the boys was attacked with vomiting, purging, etc.; and in two days more twenty others out of the total of thirty. Two cases terminated fatally. Another instance that may properly be introduced in this connection occurred in Baltimore, Md., in 1854. In the month of August or September of that year, the report prevailed, for a time, that Epidemic Cholera had suddenly presented in that city, and of course produced much anxiety. But it subsided as suddenly as it had originated, and the official announcement was made that "investigation established the fact that half a dozen cases of Sporadic Cholera had presented in one particular part of the city, and in persons only who had eaten clams or oysters recently taken from the bay."

In the summer of the same year the cities of Columbia and Pittsburg, Penn., were dreadfully visited, and lost large numbers of their citizens, by, it was published, Epidemic Cholera. But close examination developed the fact that, in Columbia, until the tank from which the citizens obtained all their supply of water had been emptied, and the accumulated debris had been cleansed away, and the rotting carcasses of animals that had died from suffocation and otherwise, and been thrown into the tank from rail-road cars, had been removed, the disease persisted; but disappeared so very nearly consentaneously with the cleansing process to which the tank was subjected, as to have established beyond cavil the accidental impurity of the water as the source and cause of the disease. While in Pittsburg, every case that died, if indeed not every case that presented evidences of the disease, was traced to a train load of Irish potatoes that had been thrown upon the market, and extensively purchased and eaten, cheapened because they had been heated and spoiled, from close packing in large mass, during transportation over a great length of rail-road.

An instance of Sporadic disease, or of the production of disease by accidental circumstances occurred "430 years before the Christian Era, in the character of a plague in the city of Athens, which for its severity, duration, and the mortality it occasioned, exceeded all which before that time had been known to the Greeks. In time of peace the regular denizens of the city did not number more than fifty thousand, and occupying ten thousand houses, but little better in construction than the wigwags of American savages. The Athenians sacrificed cattle to the gods; and for the most part wantonly threw the half consumed limbs of the sacrificial offerings about the streets, and left the blood and entrails undisturbed and unburied about the altars, so that some parts of the town had resemblance to a slaughter house. The extent of Athens, if determined by the walls which enclosed as well the town as the ports was about seventeen American miles. One year before the outbreak of the Plague, and at the beginning of the Peloponnesian war, in accordance with their custom, and by the advice of Pericles, the five hundred thousand inhabitants of Attica left their country homes and betook themselves to the city and walled boroughs. They were forced to relinquish pleasant country accommodations and rural scenes, and healthy vegetable diet, and sadly and reluctantly seek refuge, unprovided with shelter, and partake of stale and unwholesome food in a besieged city. Exercise was in a great measure denied to all, few were provided with a sufficiency of fresh provisions, all were disheartened, most of them without employment, and idle. In this new and wretched situation the people passed a year, oppressed in mind and harassed in body, and *after a sultry season, and as soon as the summer sun could operate on the collected filth of winter the plague commenced.* It first appeared in that part of the city where there was the least cleanliness, the least ventilation, the worst accommodations of all sorts, and where the people were the poorest of the poor. Here and upon these it 'fell suddenly,' to use the words of Thucydides, and thence gradually extended to the better settled and more healthy parts of the city. Those who came into the town from the country suffered most, and the poor more than the rich, and this in proportion as they were badly lodged and provided for; and it affected the Athenians only, when carried by their troops into other countries, and was never propagated into any other State than theirs—not even the contiguous towns of Peloponnesus and Boetia—withstanding the numerous encounters between the hostile nations. There was always a decline of the Plague when the harvest of the preceding year was spared, and it returned when the harvest

of the preceding year was destroyed. It did not cease till after the incursions of the Peloponnessians were given over. The learned and sagacious De Pauw, who was not a physician, says—"to seek otherwise for the origin of a disorder so evidently arising from multitudes of men heaped and pressed together, would be absurd,—especially as its influence did not extend beyond the walls of Athens, and was totally unknown in every other part of Greece. Similar effects would be now produced by such noxious effluvia, as frequently happens in towns, in cities, in fleets, or among armies encamped in too close order."

Sporadic Cholera may occur during any month of the year and in any climate, or degree of thermometrical range, upon the occurrence of a proper accidental cause to a system adapted to make such exhibition of disturbed health; and if there are five, fifty, or five thousand systems so adapted subjected to the impress of such accidental cause, they will all make exhibition of the character of Sporadic Cholera.

The word Epidemic was first employed in accordance with its derivative force, the two Greek words of which it is constructed meaning "upon the people." In the sense of many persons within an extensive or circumscribed area of territory being attacked simultaneously, or in quick succession, the word Epidemic was employed by Hippocrates, by Celsus, and more familiarly by Sydenham; and the difficulty of divesting it of this construction is the occasion, it is believed, of much of the confusion and debate occurring in the papers that have been furnished through the medical periodicals on Epidemic Cholera, and by which the general public is impressed with the belief that the subject is one under discussion, and about which physicians have no incontrovertible knowledge, or well defined views or opinions.

It is true that some learned men have labored within this century, and some have written for instruction during the last dozen years who attach the derivative force to the word; but these have, in every instance, been compelled to use adjectives, found after much and diligent search, or manufactured for the occasion,—necessitated to connect with the word Epidemic some other word by way of explanation, to make their writings adapted to the comprehension of readers, or to render their teachings efficient to the purpose for which they were designed.

A single citation of this nature will be sufficient. It presents in the Report of the Committee on Practical Medicine, in the 1st vol. of the Transactions of the American Medical Association, and reads thus: "Meterations Epidemics are those wide spreading maladies which * * * have no

special relations or connections with seasons, localities, or climates."

Such instances are in utter disregard of a definition of the word that is comprehensive, and so eminently adapted to a succinct expression of repeatedly observed facts, as not to permit any thing to be taken from, or added, without doing violence to the relationships it sustains, by complicating in creating new difficulties, and enhancing those inherent with the matter involved. Very many centuries ago Paulus Aegineta defined Epidemic diseases, to be popular and common diseases which happen to many at the same time, *whose generation being UNIVERSAL their cause is so likewise.*" Strictly in keeping with this definition, un-awed by dogma, and uninfluenced in the support of any particular opinion, but in the simplicity of fact-narration, and with the honesty of a true historian, Procopius gives this remarkable description of an Epidemic of the reign of the Emperor Justin "*which almost destroyed the human race, and for which no cause could be assigned but the will of God. It did not rage in one part of the world only, nor in one season of the year. It ravaged the whole world, seizing all descriptions of people, without regard to different constitutions, habits, or ages; and without regard to their places of residence, their modes of subsistence, or their different pursuits. Some were seized in summer, some in winter, others in other seasons of the year.*"

The great teacher in America, George B. Wood, says "the morbid cause of epidemic influence is universal and operates more or less upon all. When it pervades a large portion of the earth, it is never present every where at the same time, but attacks different parts successively; in some instances advancing regularly, and sweeping all before it, in others irregular and discursive in its progress, and leaving many places untouched; occasionally rapid almost as the wind; and then again exceedingly slow, creeping as it were from one point to another, and occupying years in spreading over one extensive district. Opposing currents of wind do not obstruct its course." And the American lexicographer, Noah Webster, very explicitly, sustains the specific use of the word given it during the seventh century, and which observation through all time since has established as altogether appropriate. In this connection dictionaries for definition are especially commended to those of the medical profession who are in these days expressing opinions, and influencing supreme legislatures, and, in the exercise of arrogant temerity, pronouncing assembled medical wisdom in council disgraced, that procedures may be re-enacted that experi-

ment, wisely instituted in past ages, has proven to be worse than foolish. Webster defines the noun "Epidemic: A disease generally prevalent not dependant upon any local morbid cause, and not confined to any season, climate, region or country."

The unity of a period in which a disease, marked by similarity of characters first invades localities remote from each other, will of course establish the existence of a common cause. But such unity as universality of exhibitions, is not essential, indeed is not to be expected. The cause being common or universal, can and will exhibit itself only whenever and wherever it comes in contact with systems adapted to be impressed by it. These two conditions alone, are necessary to the production of disease, without any labored introduction of contingencies which are at best but co-operative,—a morbid cause, and an economy with capacity to be affected by it. Almost each day presents to every practitioner of medicine illustrations of this. Any number of persons, so far as appreciable circumstances indicate, in precisely the same state of health, and seemingly under identically the same relationships may each have a large, but not regarded poisonous, quantity of morphine administered. The characters of its action, though from the same cause will be different in degree, and, perhaps, in kind, one will not be, observably, affected; another will be simply languid; another will be voluble, and will indulge in ecstasy; another will sleep; while another will require resort to be instituted to prevent death from narcotism. Or, any number of persons of the same age, same social status, similarly clothed and fed, similar in deportment, and in like state of health, who have not been vaccinated, may have vaccine matter from the same scab introduced into their economies, and but a proportion of the number will have the disease, and its course through the severally affected systems will be marked by different intensities of diseased exhibitions. So too with any occult cause, recognized alone by its effects, and making its presence to be acknowledged here and there, itself ready every where, as persons present with adaptability to be affected; and in accordance with the correspondence of the various adaptabilities with the cause will be the different intensities of exhibitions. Hence, the apparent progression in some instances, of an epidemic disease, its seeming irregularity in rapidity or direction of appearance at different localities, and seemingly greater mortality, or longer or shorter stay, at some places than at others,—the presentation, or otherwise, of persons, differently, susceptible to impression from the morbid cause.

An epidemic pervaded almost the entire world during the

five years from and including 1347 to 1350, appearing at places without regard to season, and in the midst of the greatest abundance of provisions, as in 1348, about Christmas in the south of England. In France, in 1580, when the crops were plentiful and the sky serene. "And the summer of 1665, in England when the plague broke out in London, was very temperate, the weather fine, and the fruits good, and there is general agreement that no cause of disease could be observed in states of the season." And among the epidemics of more recent times that which prevailed here for a number of years before and after the second war with Britain is introduced now as illustrative. Its history was succinctly traced by an industrious member of the American profession, in 1816. It had divers names applied to it by the numerous correspondents who furnished reports of the ravages of the disease from all parts of the then settled portion of this continent. "In 1557 it broke out in Asia, and Spain in 1580, in England, 1658. In 1557 it spread from Asia to Constantinople, then spread all over Europe, and thence to America. In November, 1732, it prevailed in Northern part of Germany, and before the end of February, 1733, it reached Naples and Spain, having overrun all Europe in that time. In November following it reached New England, and thence to Barbadoes, Jamaica, Peru and Mexico. In 1775 it appeared again in London, Doncaster, Exeter, Birmingham, York, Chester, Bradford, Worcester, Aberdeen, Lancaster. It had then prevailed twelve different times in Europe. In 1789, 1790, 1791 it appeared in Philadelphia and New York, and spread from thence to the West India Islands, Grenada, and the Spanish settlements in South America. *At each time it appeared it assumed the same forms and appearance it has in America, and from its history is the same disease.*"

It was in the 14th century that a clear and positive distinction was made between epidemic and ENDEMIC diseases. In derivative force there is but little or no difference, one meaning *upon*, the other *on* the people. But Galeazzo di Santa Sofia, a learned man, a native of Padua, who combated the Black Plague at Vienna, did not fail to leave for the benefit of after ages, record of his observations, and results of his learning. He regarded Epidemic diseases in the light of the definition given seven centuries before by Paulus Ægenita, and by way of illustration adduced an influenza which was *observed in all climates at the same time without perceptible or cognizable cause.*

Endemic diseases he made to originate from causes appertaining to the locality of their occurrence and existence. It was, however, not until several centuries after, that any partic-

ular attention was given to the consideration of this class of diseases. At the end of the seventeenth and beginning of the eighteenth centuries, several works were published on the maladies of particular districts, and a few on endemic diseases generally. The earliest work on the general endemic diseases of England was published in 1672. These works all treated of the subject in accordance with the reasonable precision given to the word Endemic by Sofia, and always since "by the phrase Endemic disease is recognized, any malady which occurring with special frequency in any one locality, in a permanent way, proved the existence in that locality of an agency of a peculiar nature, whether known, or unknown, efficient in its production."

Every one is aware of the fact that in hot climates, diarrhea occurs endemically. American Volunteers returned from Mexico exhibiting the ravages in their systems of the disease of the climate and soil and circumstances of the country which their valor had humbled. And even in this country during very hot weather, sudden changes of temperature particularly in connection with error in habit, and certain excesses, is so uniformly attended by many persons having diarrhea, as to justify it being held in regard as a climacteric and endemic disease of these states.

From accident, or, Sporadic, cholera may and does occur during every month of the year. But Endemic cholera is a disease of warm weather, and was formerly regarded as belonging to the autumnal group of Endemic diseases. More particularly liable to make its eruption in the latter part of July, it runs its course through August, and gradually declines as cool weather commences. It was described by Sydenham as early as 1669, more than a century and half before the Epidemic cholera attracted any attention whatever, and the succinct comprehensiveness of that description has never since been improved upon. "*It sets in at the end of summer and the beginning of Autumn, as truly as the swallow comes in Spring, or the cuckoo sings in summer.* Its presence is understood at once. There is vomiting to a great degree; there are also foul, difficult and straining motions from the bowels. The pulse is quick and frequent at times, small and unequal. The feeling of sickness is most distressing, and is accompanied with heat and disquiet. The perspiration sometimes amounts to absolute sweating. The legs and arms are cramped and the extremities cold. To these symptoms and to others of a like stamp we may add faintness. *The disease terrifies the lookers on, and sometimes proves fatal within twenty-four hours.*" Hoffman says "Endemic Cholera is most common in summer, or in the beginning of autumn; after violent passion, or eat-

ing too freely of fermentable relaxing fruits." And Colhoun, of this country, writing in 1826, says "it occurs principally in the months of July and August, and appears to be altogether dependant upon some peculiar influence of a heated atmosphere of the system, more particularly on the functions of the Chylopoietic Viscera. *The violence of the disease is almost always proportioned to the heat of the summer.*"

It is conceded that in this paper nothing has been put forth that is new on the subject. It is all to be found in the records of the profession, and very frequently in the same words that are employed in presenting it here. But for this reason it would not have been collated, and presented in this form. "It is indeed a humiliating spectacle to behold full grown men depending implicitly for opinions on the dictates of other men, and who do not seem to comprehend that just conclusions are to be attained alone by a studiously careful consideration of a subject in all its bearings, not by adopting the mere *ipsi dixit* of any man." Yet notwithstanding the learning commonly ascribed to the medical profession, there are medical men that need to be reminded, and the public must be informed, that the observations made by physicians of past ages have effected something, which, if regarded, will redound to the honor and esteem of the physician's vocation, and occasion a larger freedom from attacks of disease in man, and enhance the morals and promote all the interests of society. In truth, is it not the duty of each practitioner, instead of falling in with popular feeling, and co-operating in sustaining a general apprehension of Epidemical influence, against which, as yet, there is no known barrier, to lead those who rely upon his judgement in matters appertaining to health? It has been remarked by a very wise man—"that which is done ignorantly is not well done, however seemingly beneficial the result." And another equally as sagacious said, "it is better to know what is necessary and not to imagine we are fully in possession of it, than to imagine we are fully in possession of it, and in reality to know nothing of which we ought." It is true that under the impulse of panic, measures are instituted with a view to establish cleanliness of person, of habitation, of premises, and of municipalities, but ordinarily at such seasons or attended by such circumstances as are more likely to prove disadvantageous, if not indeed pernicious, instead of securing that immunity from evil which was the object to be attained. And under the impulse of panic, encouraged by professional aspirants "who have succeeded in nothing but a dexterous application of false opinions to facts erroneously judged," Legislatures are induced to make enactments prejudicial to

commerce, preventive of intercourse, and destructive of emotional enjoyment and the proper exercise of the moral sense, and not at all promoting the attainment of the desired end.

In the midst of an exuberant apprehension, the fact is forgotten that Sporadic Cholera and Endemic Cholera are as much entities in exhibitions of disease as Epidemic Cholera; and upon the occasion of a single case of vomiting, purging, cramp, and so forth, occurring in a large town or larger city, or several cases on board of a ship, or at any locality, the Epidemic is at once announced. Of course investigation of the circumstances connected with the cases and the locality of their occurrence is lost sight of, or they are rendered subsidiary to the all embracing circumstance of the presence of the Epidemic disease; and inquiry is exhausted in attempting to tell where it was brought from and how it was carried. In the state of positive inability to clearly answer the questions, assumption springs a leak, and the minds of men become confused and tossed by the varying many misapplications of observations, and the conflicting claims of asserted experience.

The originating source or cause establishes very positive difference between SPORADIC CHOLERA, ENDEMIC CHOLERA, and EPIDEMIC CHOLERA; and it is certainly the duty of any practitioner to determine, if possible, with which class to place a case, or any number of cases, presenting for consideration. Otherwise he will contribute, to enhance unnecessary fear, and, in the propagation of error to the detriment of the interests of society, and the dishonor of the profession of medicine; and, otherwise, any administration with remedial intention will necessarily be but blind routinism, or hap-hazard guess-work. And yet how frequently, by the demeanor at least, if not by the authority of the attending prescriber, has the announcement been made through the newspaper of interior towns, and indeed of cities, of the presence of Epidemic Cholera, and contradicted in, probably, the next issue, because, forsooth, the asserted attacks terminated in the recovery of the patients. How much of harm the announcement accomplished can not be conceived. For it is a known fact, that in every large town when such a report becomes rife, in the warmer or hot months, there at once occurs a very extensive prevalence of diarrhea, with probably instances here and there accompanied with vomiting and cramp that are doubtfully classed by the attending practitioners notwithstanding their familiarity with the pernicious influence of apprehension and fear, particularly in the season for Endemic Cholera; and the continued operation of concurrent influences occasions increased numbers of cases of vomitings,

purgings, cramps, and collapse, and a number of deaths. Under such circumstances the profound wisdom of the practitioner who first announced the disease to be Epidemic, but did not press his opinion because too modest to claim credit for having effected a cure, looms forth, and the ascribed skill by which he prevented death in the cases of Sporadic Cholera, is brought into demand to preserve very many lives endangered by his ignorance, or carelessness, or dishonesty as a diagnostician.

Or, how frequently have medical officers in charge of ships been alike responsible. In 1848 two ships left a foreign port at which Epidemic Cholera did not exist, neither had any one belonging to the crews and passengers been in contact with Epidemic Cholera before embarking. But midway the ocean there occurred on each ship a case or more, of vomiting, purging, etc., ending rapidly in death. The medical officers published the presence of Epidemic Cholera. They failed to publish the further and pertinent fact, that each ship had its steerage crowded with passengers, and accumulated filth—commingled deposits of human excrements, befouled clothes, and refused food, subjected to a high thermometrical range; because their astuteness in invoking an Epidemical cause would have been gainsaid. “To seek otherwise for the origin of a disorder so evidently arising from—relatively—multitudes of men heaped and pressed together would be absurd.” Within the passing year the same occurrence has again transpired, and New York has been thrown into ferment, but happily without so much consternation and concurrence of morbid influences as to have occasioned a number of cases of Sporadic Cholera sufficient to sustain the anxious sensation traffickers in their cry of Epidemic Cholera.

The accidental cause occasioning Sporadic Cholera must, in each case, influence the considerate physician in his choice of remedial agents; but considerateness will not be exercised by practitioners who disregard the attending circumstances that are in themselves sufficient to the production of the diseased characters, and ascribe them to an extraneous source not necessary in the particular instances.

Accidental circumstances may, and often do, contribute to intensify Endemic influences, and indeed not unfrequently are necessary to the efficient action of Endemic cause in the production of disease. Thus, the opening up in summer of heaps of accumulated filth, and removing it to, and depositing it at, another locality, has many times been observed to be followed by malignant cases of disease incident to the sections, occurring at, or about the two points from which the debris had been removed and deposited. Rush ascribed an exten-

sive prevalence of yellow fever to the digging of ground to erect buildings in Philadelphia; and not a few instances of reported Epidemic Cholera were in reality Endemic Cholera, excited into action or rendered more intense by such accidental circumstances. The now lamented Fenner, when considering the mortuary returns of the city of New Orleans from Epidemic Cholera, makes the distinction in the remark that the aggregate returns were larger than proper, in as much as they doubtless embraced cases of Sporadic and Endemic as well as Epidemic, Cholera.

Only by the almost simultaneous occurrence of the disease at widely separated localities, and, probably, at seasons when Endemic influence can not properly be invoked, and in the absence of accidental circumstances in themselves sufficient to the production of the diseased characters, will the practitioner of medicine be justified in asserting that Epidemic Cholera prevails.

In 1832 Cholera broke out in Quebec early in the month of June, and almost simultaneously it broke out in the barracks in Montreal, and without personal communication between the two cities. And during the same month at Plattsburg, appearing like a shower of hail, simultaneously all over the suburbs of that city, without any possible communication between the subjects of its attacks. In July it was in Buffalo and New York. In Philadelphia in August, and no cause or agency transferable from person to person could explain the sudden and violent attack of so large a number of persons in the night of the 5th and morning of the 6th of August, in that city. Attempts had been made to keep off the disease from Buffalo by quarantines, yet the first cases there were among residents, indeed if recent emigrants were attacked at all, it was after a considerable time from the eruption of the disease in that city. Albany and other towns in the State of New York in which the Cholera committed considerable ravages, attempted quarantines, ignorance making itself more conspicuous by enlisting cruelty in its aid, in endeavoring to drive back, or keep in abeyance the unfortunate emigrants from Canada. It was in vain;—they could not successfully oppose barriers to the sickness of noon-day, and the pestilence of night. It was *Epidemic Cholera*.

“All the facts connected with the disease prove it to be an epidemic; and any attempt to exclude such a disease by quarantine regulations, which are always injurious to commercial interests; or by a system of absolute non-intercourse

with other countries or towns where the disease prevails, has, and will, always prove ridiculously unsuccessful. In no instance have they succeeded in staying the progress of the pestilence, but have undoubtedly, in many instances, augmented the misery and sufferings of the people, and the number of victims to the disease."

TRICHINOSIS ; OR, HOG DISEASE.

By Wm. H. White, M. D.

The citizens of the Northwest, judging from numerous notices in their daily and weekly papers, have been of late much excited and distressed by the ravages of Trichinosis.

It first attacked a family by the name of Bemis, residing in Marion, Linn county, Iowa. The family consisted of ten persons, nearly all of whom have died, and at last accounts for those still living the prognosis was unfavorable. It appears that all the family, except one son-in-law, had been in the habit of daily eating more or less of sliced *sugar* cured hams in a *raw* state. The disease developed itself in each individual at different periods, varying but a few days. The symptoms of each case were much the same—at first slight diarrhea, soon followed by fever of a typhoid character, general soreness of the muscles, puffy condition of the face and body, and in other respects so closely resembling those of typhoid fever as to mislead the attending physicians, who supposed that that was the disease to be met and to administer accordingly. But after a few days, symptoms made their appearance, which could not be satisfactorily explained. The fact of the son-in-law being perfectly well, entirely free from any symptoms of the strange disease, excited surprise and inquiry as to the cause. It was soon ascertained that their daily diet had been the same, save that he had never eaten of the raw hams daily used by the others. On close examination of this meat by the aid of the microscope, parasitical animalculæ, or Trichinæ Spiralis, almost innumerable, were discovered. On extending the examination to the body of one of the children soon after death, the *muscular* portion was found to be literally filled with these minute specimens of animal life—thousands to the cubic inch.

Dr. Wilson, of Marion, states that a healthy hog, which had been given a portion of the meat of which the Bemis family had eaten, soon after died, and that on examining its muscles parasites were found in large numbers. It is a well established fact that brine or much salt food will destroy hogs

in a short time. It is possible that the excess of salt in the ham eaten by the hog was the immediate cause of death ; but the parasites being found in great numbers to their presence I am inclined to attribute the cause of death. Dr. Wilson also states that the hogs from one of which the ham was obtained, were raised by a member of the family living in the country, and that some of his hogs had hog cholera, but recovering from the disease were fattened and butchered with the rest. This fact suggests whether hog cholera and Trichinosis in man are not one and the same, or whether the meat of hogs which had been effected with that disease may not cause in man Trichinosis.

Pork is a leading article of diet in most agricultural districts. This is decidedly so in the stock growing States of Iowa, Illinois, and the Western States generally. These several deaths in the above family, and others which have occurred and may occur elsewhere, has caused not only much anxiety but doubt as to the safety of using this meat in any manner. In fact in many localities it has been entirely discarded from the table. That there is danger to be feared from eating it *raw*, especially in districts where hogs have been subject to disease (the hog cholera for instance), is substantiated by the above. While at the same time the continued use of this meat in a *cooked* state, without any untoward result, but on the contrary general health being a subject of comment, is almost proof positive that it is still a good and safe diet.

It would appear that hams, bacon and shoulders, cured with sugar or molasses, contain an additional element, adapted to sustaining, and perhaps the development, of the parasites in the meat as well as after it is taken into the stomach, while meat cured only with salt, or with the addition of Nitrate of Potash, does not seem as far as ascertained to have favored the disease. It is not at all unlikely that the vital principle of the parasites is destroyed or greatly weakened by their strong chemical compounds. The sudden changing of an established salt meat diet to the use of fresh meat, would be more liable to cause derangement of the digestive organs, resulting in diarrhea, dysentery, local congestions and death, than there would be in the continued use of salt pork.

Much of the diarrhea and dysentery which came under my observation in the army, was caused by changing the diet of the men from salt to fresh meat. At one time in the summer of 1861, at least one-half of the regiment to which I was attached (the 1st Iowa infantry), were troubled with severe attacks of the above diseases. Other regiments were similarly effected. Before and for several days after they made

their appearance, the men had been eating solely of fresh beef. Being convinced this was the cause I so stated to the late General Lyon. At the time the army was short of salt meat, but he ordered it supplied as far as possible. In three days a change for the better was noticed, and within ten days the morbid condition was removed. During the fall of 1862 many of the 22d Iowa infantry were from the same cause alike affected. On the substitution of bacon and hams a favorable change in a marked degree was immediate.

The principal reason for this happy change was owing to the greater quantity of chloride of sodium, or common salt taken into the stomach. It supplying in abundance an important ingredient to the first solvent of the food, the gastric juice, which gives it power to cut up and dissolve its contents, making it less liable to produce irritation in its passage through the intestinal canal.

I have no doubt that if the men could have been induced to eat the same amount of salt with their beef, as was contained in the bacon, etc., there would have been comparatively few cases of diarrhea, dysentery, or other derangements of the digestive organs—or only such as would be incidental to the greater natural tendency of fresh meat to decomposition and the generation of noxious gases, with the concomitant results which an excess of the like would produce.

The study of Trichinosis, from the minuteness, vast numbers, position and morbid effects of the trichinæ in the human body, may prove not only exceedingly interesting to the pathologist, but instructive to the medical world. Diseases and symptoms which have heretofore been attributed to other causes, or which in part are hidden and mysterious, may in time be traced to their action. For instance, in addition to other known causes of typhus, common continued fevers, chronic diarrhea, tabes mesenterica, cholera, etc., these may hold an important relation.

But little has been written touching their action or peculiarities. Prof. Wood says the muscles, are given when infested by them, a grey speckled appearance, as if thickly sprinkled with the eggs of some small insect. This species of animaculæ, or larvæ, were first discovered by English physicians, about the time the microscope was first used in making anatomical examinations. Soon afterwards German physicians demonstrated their existence in living tissues. These investigations have placed, to the best of my recollection, Drs. Hilton, Zenker and Boehler, respectively, before the world as entitled to the discovery. A satisfactory ocular view of these Trichinæ can only be obtained by the aid of a

powerful microscope. Those who have made examinations thus assisted, describe them as contained in cysts, resembling minute white ovate grains, from 1.40 to 1.50 of an inch long and from 1.60 to 1.80 of an inch broad, enveloped in an outer and inner coat, within which may be seen, coiled up, from one to four or five animalculæ. They are embedded in the cellular tissues parallel with the muscular fibre and firmly adherent to it. So far as I am able to learn from the works at my disposal, there is a general agreement that they abound in the superficial muscles (this accounts for the universal symptoms of soreness in the flexor or extensor muscles of the limbs.) Perhaps those found distributed over the internal muscles would eventually find their way to the outer layer.

As to how they find their way into the body, and thence to their future position, is still a matter of speculation. The most plausible way of accounting for their presence is that they reach the stomach in animal food, in an encysted condition; that the enveloping membranes are dissolved by the gastric juice, and other fluids met in the digestive process, liberating the parasites from their incarceration. They are then developed in the mucus of the stomach and intestines, procreating rapidly, their progeny immediately commencing a migration, *either* directly through the different layers of the intestinal canal, through the other structures until they reach the superficial muscles, when they become voluntary exiles, producing no inconvenience in their cystic abode, or they are taken up by the lacteals and absorbents in their passage through the intestinal canal, and thus enter the circulation, and are deposited by the blood directly in and upon the external muscles. It is reasonable to suppose that after the parent *Trichinæ* have been separated and their functions of procreation accomplished that death follows, when they are excreted from the body with the other effete fecal matter. Near where the muscular fibres merge into their respective tendons, by far the greater number of the parasites are found apparently stopped in their travels by this dense substance. This fact seems to negative the theory of their direct penetration from the interior of the bowels to the muscles. If they are not capable of penetrating the tendons, how could they traverse unobstructed the bowels mesentery, peritoneum, and finally the sheaths of the muscles, they being of the same dense nature as the tendons? Again, the amount of fibrin and albumen required and given off by the blood to the muscles as compared with the small amount distributed to other portions of the body, gives us a physiological reason for believing that

they are carried in and deposited by the blood in and upon the external or surface muscles.

The proper treatment to be adopted for this perplexing and singular disease is, as yet, in a measure conjectural. Looking upon the pathological lesions as those of irritability, or sub-inflammation, with marked deterioration of all the fluids of the body and the general loss of tonicity, with a symptomatic fever dependent upon them, the remedial measures and therapeutic agents to be employed with the hope of present relief and final eradication of the cause, would be nervous sedatives, mineral tonics, diffusible stimulants, with gentle laxatives, with entire change of regimen, and the free use of domestic fruits. They would promote digestion and indirectly assist in destroying the tendency to deterioration by changing the character of the fluids.

Since writing the above I have received from Dr. John F. Ely, of Cedar Rapids, Linn county, Iowa, an interesting article on the subject, and present it to the readers of this Journal. The Doctor is a clear, able writer. His inquiry as to whether many of the protracted cases of diarrhea, and other mysterious diseases of which our soldiers died, may not have been caused by Trichinosis, is painfully suggestive.

With the above he sent me specimens of the ham eaten, and a portion of the flesh of one of the persons who died of this disease. Each abound in calcareous cysts, containing the parasite. To the naked eye no unnatural appearance is presented. Members of the profession can have an opportunity of examining them.

TRICHINOSIS.

Recent Cases in Iowa—Its Identity with Hog Cholera.—By Jno. F. Ely, M. D., Cedar Rapids, Iowa.

The recent occurrence of this malady in several parts of the country is now attracting great attention among pathologists. Richard Owen, in the year 1835, gave us the first particular description of the *Trichinæ spiralis*, but the parasite was not known as the origin of a most terrible disease, until in 1859. Prof. Zenker, of Dresden, in the investigation and report of his famous case, established the fact. His observations were fully confirmed by Virchow, Langenbeck, and other eminent pathologists in Prussia, where very numerous cases of *trichinosis* soon afterwards appeared; and also by Drs. Dalton, Flint and others of our own country. The instances are few, thus far, which have been reported in the

United States; although it is more than probable many cases have occurred, which, in the obscurity surrounding the diagnosis, were not recognized as such.

In every instance of *trichinosis* in mankind thus far reported, the source has been traced to eating the flesh of swine in a raw or imperfectly cooked state, and this is owing to the fact, that in civilized countries, this animal only, among all the carnivora or omnivora, furnishes to man an important staple as food. Under the most critical examination, the *Trichinæ spiralis* has never been discovered in the flesh of the herbivora. They abound in rats and mice, in cats and dogs, in some birds, and most of all in swine.

Numerous cases of this disease have very recently occurred in this vicinity, creating much excitement in the community, and a profound interest and inquiry among medical men. It is not proposed to give in this communication a detailed report of the cases, but rather to present the more remarkable features in them, and in a brief style, as full reports are now in preparation and will soon appear.

About the 1st of May last a family of nine persons, by the name of Bemis, living in Marion, in this county, ate of raw ham which had been presented to them by a friend living about three miles distant. All were taken sick the day following with diarrhea, and complained of great debility and more or less pain in the stomach and bowels—œdema of the face was one of the early symptoms and noticed in all. About the end of the first week the diarrhea abated in nearly all, and the facial œdema disappeared. Supervening were febrile symptoms of a typhoid character, and occasional profuse perspiration, œdema of the upper and lower extremities, and an indescribable sensation of pain, soreness and itching in the muscles. This pain and itching were constant in all, and now remain more or less in those recovering.

Of these nine cases one resulted fatally on June 1st; another died on the 3d; the next on the 8th; one on the 15th, and the fifth, the last fatal case, on the 17th of June. The intensity of the disease appeared to be in ratio to the amount of the ham consumed by each person. Two individuals were but slightly affected apparently, and they had eaten but a small portion; the other two were very ill for several weeks, and though still suffering are convalescent.

The cause was not suspected by the attending physicians until a short time previous to the first death. Afterwards the diagnosis was verified by the discovery of *Trichinæ* in abundance, and chiefly in the muscular tissue throughout the subject.

It is a remarkable coincidence that two sets of cases of this

kind should have occurred in this county (Linn), entirely distinct, and at about the same time. Some ten miles from Marion are six other persons now recovering from severe *Trichinosis*. The origin was not surmised until after a thorough investigation of the Marion cases, when it was found these had also eaten freely of raw ham several weeks before. These persons had been accustomed to taking physic for any unusual disturbance of the bowels, and to this habit it is probable the most, or all of them, are indebted for their lives. The ham they ate of was found to be full of the calcareous cysts of the entozoon. The writer was assured by the man who cured this ham, that the animal, when slaughtered, was to all appearance perfectly healthy.

The investigations of Virchow, Furstenberg and others, respecting the development and migration of the *Trichinæ spiralæ*, furnish a clue to the only rational treatment of this disease. This is thorough emesis and catharsis, as early as possible, and before the parasite has penetrated the coats of the stomach and bowels. If time has elapsed—say one week or more—we can only rely upon a supporting treatment, guarding of course against inflammation, chiefly to be apprehended in the pleura and peritoneum. Experience has demonstrated that neither benzine nor any other agent introduced into the system, after the first week, with the design of killing the parasite or interrupting its migration, will be of the least avail.

Another very singular and important fact was accidentally developed in connection with the first set of cases mentioned. The man who presented the ham to Bemis, had a short time before fed a portion of the shoulder of the same animal to a fine sow, having been told that eating flesh of her kind would destroy a propensity of devouring her young. The sow sickened and died in a few days, with all the well known symptoms of *hog cholera*. On examination some time afterwards, her flesh was found to abound in *Trichinæ*.

The hog cholera has prevailed more or less extensively in the West for a number of years past, and its cause or origin has been a sealed mystery till now. It has been quite prevalent in this immediate vicinity for the past three or four years, destroying thousands of victims. In most of the Western States, and especially in Illinois, the destruction has been wide-spread during the period of the recent war. These States in this period have supplied, for the most part, the staple of pork to our great armies, and when it is considered that this article was very frequently consumed by our soldiers in a raw state, we may ask with a melancholy interest, have we not good reasons for believing that many

thousands of the protracted cases of obstinate diarrhea, and the very numerous instances of mysterious suffering and death in our camps and hospitals, resulted from Trichinosis?

ELIXIR PYRO-PHOSPHATE OF IRON AND CALISAYA.

By Joseph E. Young.

The Pyro-phosphate of Iron was first brought to the notice of the profession by E. Robequet, of Paris, in 1858, and was very favorably noticed by the French journals. This salt of iron is very soluble, nearly tasteless, and can be retained by the most delicate stomach, as no chemical change is supposed to take place in the stomach between it and the food or the gastric juice. There is no doubt of its being one of the best tonics in use, combining phosphorus and iron.

The formula I have been using for preparing the Elixir produces a very pleasant cordial, possessing the valuable properties of Calisaya bark, deprived of its cinchonic acid, and containing sixteen grains of the pyro-phosphate of iron to the ounce.

R.

Calisaya Bark.....	16 oz. Troy.
Pyro-phosphate of Iron.....	2048 grs. "
Citric Acid.....	480 " "
Sugar.....	30 oz. "
Hydrated pr. oxid. iron (freshly precip't).....	4 " "
Sherry Wine	6 pints.
Oil Orange.....	1 drach.

Macerate the bark in the wine for ten days, and filter, adding wine until the filtrate measures six pints. To this add the Hydrated pr. Oxid. of Iron, shake frequently for two days, filter, and add the citric acid. Now heat the pint of water to the boiling point, add the Pyro-phosphate of Iron, and when dissolved, the sugar, which has had the Oil of Orange well saturated with it, bring to a boil, and mix with the vinous tincture while hot.

This preparation is so delightfully palatable it can be taken by the weakest invalid or the smallest child.

The dose recommended is a teaspoonful three times a day, in a little water, to be taken before meals if the appetite is poor, but after if it is good.

MEMPHIS, TENN., July, 1866.

CHRONIC ORCHITIS.

Read to Montgomery County (Tenn.) Medical Society—By J. W. Singleton, M. D., Jordan's Spring, Tenn.

[Continued from page 219, June, 1866.]

My last note in J. R——'s case was made and reported May 12. I respectfully beg leave to continue its history :

May 12. Not as well to-day as on yesterday. Has considerable febrile disturbance. The burnt alum has produced a great afflux of blood to testis, which is much swollen and increased in tenderness, both inside and out—within. the part looks blackened and corroded. There are some soreness in the right inguinal glands, and slight neuralgic pains in the left femoral region, both no doubt the result of sympathetic irritation artificially excited. Scraped out about a tablespoonful of gangrenous *debris* from the organ, washed out the cavity with very warm water, applied solid stick of nitrate silver, filled it with creosote, and applied flaxseed poultice to favor healthy suppuration. Gave 3 grs. quinine sul. and 5 grs. of ferri et pot. tart., with egg-nog, milk punch, port wine and nutritious diet freely.

May 14. Better to-day. Has rested well since the last dressing ; no fever, appetite fair, and feels much improved as to strength. The very able and distinguished Dr. J. M. Larkins, of Clarksville, Tenn., late Surgeon C. S. A., came out with me to consult in the forenoon, and gave the patient a thorough examination. We found the gangrenous matter of the interior of testis slowly separating from the living tissues, suppuration inclined to be good and general condition favorable. Cleaned out the part with forcible injections of very warm water and castile soap, and filled the organ with creosote. General treatment continued.

May 15. General and local condition about the same as on yesterday, though the testis is a little decreased in size and slightly increased in tenderness within and without. Soreness of inguinal glands scarcely appreciable. Treatment of yesterday continued, with 5 grs. potass. iodide three times daily, and flaxseed poultice at bed time.

May 17. Took a very "bad cold" last night and had slight chill and fever to-day, Is quite hoarse this morning, with some signs of a return of his old chronic bronchitis. Ordered three large doses of quinine and Dover's powder, to be taken one every four hours, and applied a small blister to lower part of trachea and upper part of chest, in order to relieve tracheal and bronchial congestion. Locally, healthy suppuration is commencing, and gangrenous *debris* coming

away in small pieces. Left off the potass. and continued the local and constitutional treatment of the 12th inst.

May 18. Testis suppurating healthily. Some dead matter maintains its adhesion to the living in the lower part of testicle, and a small spot on the external surface over the same is inflamed like a boil. (Perhaps nature is taking conservative steps to open the way for the safe extraction of this gangrenous substance, and thereby entirely relieve the patient.) The organ is decreasing in size and assuming a rounded form. With the commencement of laudable suppuration, the tenderness of the inguinal lymphatics has entirely disappeared. The part *itches* a good deal and begins to feel natural; no pain and but little soreness. Local treatment same as yesterday.

Improving in bodily strength, appetite, etc. Has been asleep the greater part of the last twenty-four hours, and expresses himself refreshed by his slumbers. He is relieved of his bronchial attack and "feels like living." Iron, stimulants, etc., continued, with 5 grs. quinine night and morning.

May 19. Slept but little since last report. Complains of poultice *hurting* the part. Had a colliquative sweat last night, and is considerably debilitated from it and the continuance of constant suppuration. No other change worthy of note. R.—Quinine sul. grs. xxx, acid sul. aromat. drachms ij. M. S. Twenty drops three times daily, before eating, until further orders. R.—Ferri et pot. tart. drachm j, quinine sul. grs. xx, ext. gentianæ q. s, M. ft. pil. No. 30. S. Two three times daily after eating. Stimulants and nutritious diet continued. Washed out the cavity with warm Labarraque's solution. Continued with argent. nit. (solid stick), and applied slippery elm poultice.

(Night.) Complains of poultice having *hurt* him all day. Washed out the organ with warm water and castile soap, and took away nearly the whole of the dead material spoken of in my note of the 18th. Venous hemorrhages slight. Cleaned the cavity with injections of "Labarraque," inserted a piece of lint and put patient to bed. He afterwards complained of a good deal of pain along the course of the spermatic cord and in right hip, which, he says, commences in the upper portion of testis, and ranging upwards and backwards goes to the spinal column in the lumbar region. Awhile after the operation of extracting the effete matter, he had chilly sensations with oppressed breathing. A free stimulant soon relieved him of both unpleasant symptoms. General treatment, no change.

May 20. Condition generally and locally is more favorable to-day than at any time since he has been under my treat-

ment. He has rested finely all day. Colliquative sweating abated in great degree; appetite good, bowels regular, suffers no pain, suppuration slight and healthy, organ slowly decreasing in size and assuming a natural appearance. Cleaned the part with injections of castile soap and warm water, with "Labarraque," filled the cavity with solution of creosote, half of the latter with the same quantity of mucilage of gum arabic, and filled the organ with soft lint. No change in the constitutional management of the case.

May 21. Has rested well all day. Suppuration continues healthy. Condition very encouraging. No change in treatment. Ordered diet of coe oysters and fresh ale.

May 22, A. M. Slept well last night and feels much refreshed this morning. Suppuration slight and comparatively healthy, though granulations look a little sluggish. Used injections as on yesterday and dressed with creosote.

10 P. M. Has spent the most pleasant day in every respect since his first attack. He suffers no pain or uneasiness, and sleeps as quietly as an infant. Suppuration laudable. By graduated compression of the hand and fingers, the testicle can be reduced to nearly its normal size without discomfort. Some little gangrenous matter can be perceived in the pus as it slowly exudes from the orifice. Washed out the organ gently with warm water and castile soap, with a small quantity of "Labarraque," and stopped the entrance with lint. Colliquative sweating nearly ceased. No change in general medication.

May 23. Improving slowly but steadily. Yesterday's prescription continued.

May 24, A. M. Gaining strength rapidly. Testis a little enlarged since yesterday. Suppuration slight. Dressed with "Labarraque" and creosote. Shortly after the dressing had been completed, he complained of an acute pain arising in the organ affected and ranging up the spermatic cord.

9 P. M. Has had a hemorrhage of two ounces from testis to-day. Suppuration is arrested, and the testicle looks sluggish within. Dressed with warm water and castile soap, filled the cavity with burnt alum, and applied the roller bandage to prevent bleeding. Constitutional treatment continued. (N. B. This hemorrhage seemed to be *venous* in its character.)

May 25. General health holds up very well. Testis looks a little sluggish this morning, inside, and is somewhat increased in size. Washed it out with warm water and castile soap, and applied nitrate of silver internally. No change in constitutional treatment.

9 P. M. While dressing the organ a considerable *arterial*

hemorrhage took place from the cavity of tumor. It appeared to come from deep down in the organ, and welled up rapidly and in jets. Inserted pledget of lint thoroughly saturated with a strong solution of the per. sulphate of iron (Monsel's powder), and applied adhesive strips over the orifice.

10 P. M. Bleeding broke out afresh. Controlled it with iron, compress and the roller bandage. Have sent to Clarks-ville for Dr. J. M. Larkins, to meet me in consultation on to-morrow morning. It is my opinion that we will have to tie the spermatic and other arteries and extirpate the gland at once, whether the tumor is malignant or not. Patient is a little exhausted by the loss of blood to-night, and is in no condition to lose much more without seriously complicating his case. He has sighing respiration when asleep, and is easily frightened into wakefulness. Notwithstanding his present exhaustion, his system is in much better condition to weather the unavoidable dangers of an operation for the removal of the offending member than it has been at any time since the 4th of April. He is taking stimulants freely and with good effect in sustaining his vital powers.

May 26. Slight bleeding to-day. Reaction perfect. Renewed bandage to control hemorrhage. Dr. Larkins not yet arrived. Have sent for the able and accomplished Dr. Wm. A. West, of Indian Mound, Tenn. Consultation postponed until to-morrow. Have also invited Dr. W. A. Shelby, of Woodlawn, and Dr. John R. Moore, of Oakwood, Tenn., to be present.

May 27. No change in general and local condition of the patient since yesterday. Drs. Larkins, West and myself met in consultation at 2 P. M. to-day. The conclusion unanimously arrived at was, that the organ should at once be extirpated, without regard to the malignancy or non-malignancy of the tumor itself, *to prevent death from hemorrhage*. Arterial bleeding having occurred three times in the last three days, and likely at any moment to occur again and prove fatal, this is the difficulty to overcome and the danger to avert.

May 28. Drs. Larkin, West and myself met at patient's residence to-day, at 8 A. M., to perform the operation agreed upon on yesterday. Patient placed on the table, the scrotum and parts adjacent were shaved, and a half glass of good whisky given preparatory to the administration of chloroform. Every thing being ready for the work before us, we at once proceeded to business. When he was fully under the influence of the anæsthetic, I made an elliptical incision from a little below the external abdominal ring down to the bottom of the scrotum, on the right side, avoiding the raphe on the

one hand, and taking care to cut away that part of the scrotum that adhered to the testis by fibrinous attachment. The member was then carefully dissected around (with the handle of the knife principally), the smaller arteries tied when reached, until I held the whole of the testis in my hand as you would a bell-knob; by gently pulling of which I was enabled to overcome the contraction of the cremaster muscle, which was very strong, and to gently pull the spermatic cord outwards, until the operation was completed in the following manner, as recommended by the late Dr. J. B. Flint, of Louisville, Ky.: The cremaster was split high up towards the external abdominal ring, on its anterior surface, dissected up from its attachment to spermatic vessels on each side as high as the vertical incision; then cut on each side, after securely tying the artery; the cut ends of the cremaster laid to each side and the testicle finally cut away. Patient bore chloroform well; loss of blood about four ounces; but little prostration followed; reaction good. After thoroughly sponging out the wound with cold water, we waited thirty minutes, until we were certain that all hemorrhage was arrested; applied solution of Monsel's powder, approximated the edges of the incision with three interrupted sutures, leaving a small orifice at the bottom for the escape of pus; bound the part lightly with isinglass plaster and put the patient to bed. R.—Perfect rest and stimulants *pro re nata*.

I was ably assisted in the operation by Drs. Larkins and West, to whom I am pleased to record my most grateful thanks, as well as the sincere gratitude of my patient.

Drs E. B. Haskins and D. F. Wright, of our society, have examined the tumor microscopically, and have failed to perceive any evidences of its being of a malignant character. The substance of the organ was found broken down and thoroughly disorganized. The ulcerative process had eaten entirely through the testis on its lower and inner surface, and some points of venous congestion were found on the septum itself, indicating the irritating and corroding influence of either the matter thrown out into the cavity of the gland itself, or the caustics used in my effort to relieve it.

(N. B.—About two ounces of gangrenous debris have been taken away from the cavity of the tumor since the 4th of April. I had no other means of examining it except with the eye, and I suppose from the quantity taken away, and the presumed non-malignancy of the chronic inflammation and ulceration, that part of the matter must have been effused blood.)

May 29. Patient has not slept since the operation. Complained all day yesterday of tasting chloroform, and of a

sense of sickness and oppression about the stomach. At 2 P. M. vomited passively and gastric uneasiness disappeared. Complains of a sub-acute pain, commencing at external abdominal ring, and ranging upwards and backwards to region of right kidney. Has slight febrile movement, but otherwise his condition is most encouraging.

Locally, there is some redness and tumefaction. The spaces between the sutures are well filled. Suppuration slight thirty-five hours after the operation. R.—Perfect rest. Opium to relieve pain, produce sleep and lock up the bowels, and a dessert spoonfull of Nichols' elixir of Peruvian bark and protoxide of iron, with stimulants freely after eating. Local dressings, tepid water dashed with Labarraque's solution. Diet, generous and sustaining.

May 30. Fever abated at 12 last night, an exhausting sweat following. This latter symptom was soon relieved by active stimulation. Has suffered but little pain in the last twenty-four hours. Suppuration healthy. Appetite fair. Has slept two or three hours of refreshing sleep to-day. Prescription of yesterday continued, with 5 grs. sul. quinine and xx gtt. aro. sul. acid every four hours. Diet, fresh ale and cove oysters.

Drs. Larkins and West came to visit patient at 2 P. M. and found case progressing favorably.

May 31. Slight colliquative sweating this morning before day. Had four hours of refreshing sleep in the forenoon, and felt quite comfortable in mind and body until in the afternoon, when he complained of a dull aching pain and soreness in the right side, about the region of the liver and up and down the spinal column. The tongue is a little coated; bowels unmoved since the 28th. Feels some pain, heat and soreness about the external abdominal ring. I am afraid to open the bowels, and will run the risk of slightly deranging his digestive organs to avert the possibility of exciting secondary hemorrhage by contraction of the muscles of the abdomen. Prescription, perfect rest, with general and local treatment of yesterday continued.

June 1. No fever; color very much improved; looks quite natural and healthy; tongue cleaned off; good taste in mouth; appetite first rate; colliquative sweating did not make its appearance until about daybreak and lasted but a little while; has suffered but slight pain to-day; the local symptoms are all improving; the upper part of the wound shows some disposition to unite by first intention. The cut surfaces of the middle third of the incision are granulating kindly and dipping in. Suppuration is going on laudably from the lower third of part, and the pus is escaping from

the orifice below as fast as it is formed in the cavity above. Gently applied adhesive strips to the upper two-thirds to support and aid nature in cementing a more perfect union of the healthily granulating surfaces. General treatment of yesterday continued, with local dressings of warm water and "Labarraque" to hasten suppuration. Applied suspensory bandage.

June 2. No pain in the last twenty-four hours. Colliquative sweating very slight this morning. Had a good operation from bowels at 11 A. M. without effort. Appetite and general condition very good. Suppuration from wound laudable and not excessive. Edges of the incision still happily uniting. No change in general or local treatment of yesterday.

June 3. Colliquative sweating ceased entirely. Suffers no pain, but he complains of soreness about the external abdominal ring, near the site of ligation. Had some fever today and has nearly lost his appetite. Healthy granulation of the cut surfaces partially arrested and wound looks sluggish inside. Suppuration not so laudable as on yesterday and increased in quantity. Cleaned out the part with warm water and castile soap, dressed with Labarraque's solution and applied strips of isinglass plaster, taking care to leave the orifice open below to favor the escape of offensive matter. Ordered xxx gtt. mur. tinct. ferri., with drachms ij of good whisky every three hours; egg nog and a generous diet thrice daily.

June 4. Has passed a very pleasant day. Appetite has fully returned; he rests well and is much improved. The sluggishness in wound has disappeared. Healthy granulations are springing up, with the discharge of laudable pus, and the part is *wrinkling*. Constitutional treatment of yesterday continued, with quinine sul. grs. iii. every four hours. No change in local applications.

June 5. General and local improvement steady. Appetite good, bowels regular. The wound is suppurating healthily, the cut surfaces uniting kindly, and the whole *wrinkling* and slowly contracting. Prescription, mur. tinct. ferri. gtt. xv, quinine sul. gr. iii, and egg nog four times daily. Locally, warm water, Labarraque, and isinglass plaster.

From the 5th of June to the present time (July 1), the patient has been steadily improving, both generally and locally. He begins to feel like "himself again," minus *one testicle*.

July 10. Cured.

CLINICAL RECORD.

Cases from Hospital Practice.

FRACTURES OF THE FEMUR.

Resume of Fractures in 2d Surgical Division, Wards 5, 7 and 30, Bellevue Hospital, during the Months of November and December, 1865, and January, 1866. Frank H. Hamilton, Visiting Surgeon. Reported by Edward Farrell, M. D., House Surgeon.

1st. W. R., aged 9 years, admitted October 14, 1865, with fracture of right femur, at the junction of middle and upper third. The deformity slight. Shortening one inch after extension had been applied.

Applied Buck's apparatus, without side splints; no perineal bands. Removed the apparatus December 1, 1865. The limb is properly straight and the union firm. Shortening seven-eighths of an inch.

2d. Wm. McL., aged 50 years, admitted October 31, 1865. He fell from a carriage on the day of admission, striking his thigh against an iron bar. The left femur fractured about its middle. The fragment considerably displaced forwards and outwards. Shortening three-fourths of an inch, with the limb slightly extended.

Buck's apparatus was applied the day after the receipt of the injury. Twenty pounds extension were applied, but the weight had subsequently to be reduced to fourteen pounds, as the patient could not bear twenty. Side splints were applied five days from the date of fracture.

Removed all dressings December 16, 1865, and found the limb perfectly straight and the fragments firmly united. Shortening three-quarters of an inch.

3d. Charles Thompson, *æt.* 33 years, admitted October 11, 1865. He fell from a scaffold on the day of admission. Fracture of right femur, just below the trochanter. The upper fragment thrown forwards and outwards to a considerable extent. Shortening one and seven-eighth inches.

Buck's apparatus applied four days after the receipt of the injury. Weight twelve pounds, without side splints. At the end of twelve days six pounds were added to the extending force and four side splints applied.

Removed all dressings December 2d. The fragments are firmly united. The upper fragment is displaced upwards somewhat. Shortening one inch.

4th. Richard Cannon, *æt.* 35 years, admitted October 27th. He was treated for a fracture of the femur at the New York Hospital. He remained there nine weeks and left with a "good leg." He had been out only one day when he fell and refractured the femur at the seat of the former injury. On admission we found considerable deposit of callus around the fractured ends. Shortening two and a quarter inches.

Twenty pounds extension were applied on the day after admission by means of Buck's apparatus. Two days afterwards four leather side splints were applied.

The apparatus was removed December 14th, and the fragments were found firmly united and the limb perfectly straight. Shortening one inch. A long thigh splint was applied to keep the limb quiet for some time.

December 28th removed all dressings and the patient is allowed to get up.

5th. John Baker, *æt.* 4 years, admitted August 25, 1865. He was run over by a horse and wagon on the day of admission. He had a compound fracture of the right femur, at the junction of the middle and upper third. The fragments were reduced and Buck's apparatus applied, with five pounds extension. Lateral support was given with long sand bags. At the end of six weeks the fragments had firmly united, but the external wound had not healed. The apparatus to be retained to keep the limb quiet. Some necrosis at the front of fracture.

November 10th. Allowed to get up and walk with crutches.

December 20th. He now walks around the ward without crutches. The limb is straight and there is no shortening.

6th. Mary Gratton, *æt.* two and a half years, admitted November 16, 1865. On the day of admission she fell and fractured her left femur, at the junction of middle and upper third. The upper fragment was tilted upwards.

Buck's apparatus was applied on the day after the injury, with three pounds extension. Side splints were applied four days afterwards. It was found impossible to keep the child quiet, and the apparatus was removed at the end of sixteen days, in order to substitute a double long thigh splint with foot board, but the fragments were found pretty firmly united. The splint was applied to keep the child quiet. Removed all dressings December 10th. The fragments are firmly united, the limb straight and shortened one-quarter of an inch.

7th. David Saffern, *æt.* 46 years, admitted September 28th. The day before admission he received a charge of slugs

in his thigh, causing a compound fracture of the left femur, at the junction of middle and lower third. Buck's apparatus applied the day after admission with twelve pounds extension. At the end of eight weeks there was yet no attempt at union, and some loose necrosed bone was discovered at the seat of fracture. The necrosed bone was removed and the apparatus again applied. In five weeks from that time he had a severe chill, followed by profuse sweating; this was the onset of septicæmia, of which he died Jan. 4, 1866. The autopsy showed that osteo-myelitis was the cause of the septicæmia.

8. John O'Brien, *æt.* ten years, admitted January 2, 1866. He fell on the day he came to the hospital, striking his thigh on the edge of a barrel. The left femur was fractured at the junction of middle and upper third. The upper fragment was thrown forwards. The limb was shortened three-quarters of an inch.

Buck's apparatus was applied immediately with eight pounds extension. In a few days it was found that the shortening was not overcome, and six pounds more weight was applied, with a perineal band and side splints. In twenty days the extension apparatus was removed, and it was found that there was no union of the fragments, and that the limb was one line and a half longer than its fellow. Desault's splint was then applied. It was removed at the end of twenty days and firm union had taken place. Shortening a quarter of an inch.

FRACTURES OF THE TIBIA AND FIBULA.

1st. Mary Conlon, *æt.* 38 years, admitted November 13th. Three days before admission she jumped off a car, striking upon her feet. There was considerable swelling around the ankle joint when she came to the hospital, and no fracture could be detected; very little deformity was noticed at that time. Twelve days after the injury, on making a careful examination, a fracture of the internal malleolus and a fracture of the fibula about an inch above the external malleolus was discovered. The foot was found displaced backwards to a considerable extent, making a deep arch between the point of the heel and the portion posterior surface of the leg.

The fragments were reduced and the foot brought in position two weeks after the injury by Dr. Hamilton. The limb was placed in a fracture box with the heel resting on some muslin fastened across the sides of the box, while pressure was

made on the leg above by bandages passing over it and secured to the apparatus.

The apparatus was removed at the end of four weeks, and the fragments were found firmly united without deformity, except a slight displacement forward of the fragments of the fibula. The motion of the ankle joint was not at all impaired.

2d. J. B., *æt.* 40 years, admitted December 4, 1865. Three days before admission he jumped from a height of twelve feet, striking on his feet. He fractured his tibia, about two inches below the head of the bone. It was also thought that the upper fragment was split, opening into the knee joint. There was some doubt on this point. Buck's apparatus was applied two days after admission with eight pounds extension. The foot and leg had a tendency to fall inwards. This was remedied by applying a short, straight splint to the foot and leg fastened by adhesive plaster.

Removed all dressings at the end of five weeks and found firm union. The knee joint is stiff, but there is no true anchylosis.

February 14, 1866. He is still walking about the ward with crutches. The motion in the knee joint is increasing every day.

3d. J. F., *æt.* 25 years, admitted January 14, 1866, with a simple fracture of the tibia oblique, at the junction of the middle and lower third, and a fracture of the fibula in the upper third. The upper fragment is displaced upwards and the leg is shortened one inch. Extension was made two days after the injury by means of plaster fastened to foot board placed against the sole of the foot, and the limb padded in a fracture box. It was found necessary to discontinue the extension after fifteen days, as the patient complained of pressure on the foot. The limb was retained in a fracture box. The apparatus was removed twenty-seven days after the injury, and the fragments were found still moveable, though union had commenced. Applied leather side splints.

4th. M. M., *æt.* 26 years, admitted January 10, 1866. The patient fell two days before admission, striking on her feet. The tibia and fibula were fractured at the lower end of middle third, obliquely. There was but little swelling, and leather side splints were applied the day after admission, the leg being kept suspended. The splints were removed February 16, 1866, and the fragments were found firmly united, the leg properly straight and without shortening.

FRACTURES OF THE HUMERUS.

1st. James McAllen, *æt.* 31 years, admitted October 26, 1865. This patient did not come to the hospital until six days after he was injured. He fell, striking on his shoulder. The humerus is broken high up, at the upper portion of the surgical neck. The lower fragment is thrown slightly inwards. A splint, extending from the shoulder to the elbow, was ordered, but it was not applied. The arm was supported in a sling, and this was the only treatment applied. Twenty-five days after the accident the bone had united without deformity. The patient finds it difficult to raise his arm upwards.

2d. Francis Halpin, *æt.* 35 years, admitted November 6, 1866. The wheel of a cart passed over his arm the day he came to the hospital. There is a single fracture of the right humerus, oblique, at the junction of the middle and lower third. The lower fragment is slightly tilted outwards. There was considerable swelling, which did not subside until eleven days after the injury. At that time a broad leather splint, extending from the shoulder to the elbow, was applied to the outer surface of the arm, with a short leather splint on the inner surface.

The dressings were removed five weeks after the injury, and the result was firm union without any shortening that could be appreciated.

FRACTURES OF THE CLAVICLE.

1st. Mary Dunson, *æt.* 30 years, admitted November 25, 1865. This patient received a blow on the clavicle on the day she came to the hospital. The bone was broken at the junction of the middle and outer third, obliquely. The fragments are considerably overlapped.

Fox's apparatus was applied the day after admission, and she was made to lie on her back with a pad between her shoulders. In fifteen days the fragments were completely united without noticeable deformity, though the fragments overlap to a slight extent. She has complete use of her arm.

2d. Mary Heman, *æt.* 53 years, admitted December 9, 1865. This patient fractured her clavicle eight days before admission. The bone is broken at the outer end of the inner two-thirds. The inner fragment is thrown upwards and overlaps the outer fragment. She is a thin old woman and the deformity is very noticeable.

Fox's apparatus was applied when she came to the hospital.

It was found impossible to keep her quiet during the treatment. The dressings were removed four weeks after the injury, and there was still some motion of the fragments. She was discharged seven weeks after the injury, when the union was firm, but the deformity appeared considerable, as she is very thin and emaciated.

FRACTURES OF THE RADIUS AND ULNA.

1st. John Clancey, *æt.* 38 years, admitted November 10, 1865. Six days before admission he fell, striking his arm on the edge of a barrel. The radius and ulna are fractured at the upper end of middle third.

Straight side splints, extending from the elbow to the middle of the hand, were applied, without central elevation, the arm being supported in a sling.

Four weeks after the injury the splints were removed and the union of the fragments was found firm. There was no deformity, and very little loss of power of pronation and supination.

2d. John McCarthy, *æt.* 42 years, admitted January 5, 1866. He received a blow from the wheel of a truck at the seat of fracture. The radius and ulna were broken about the middle. The fracture was compound. There was considerable swelling at the front of fracture. The opening in the integuments was immediately closed by adhesive plaster and cold applications ordered. The forearm was subsequently enveloped in a single leather splint. At the end of a week the external opening had healed and the swelling had subsided, when a palmar and dorsal splint were applied to the forearm.

Removed the splints February 6th, and found firm union without deformity.

FRACTURES OF THE RADIUS (COLLES').

1st. John Robertson, *æt.* 49 years, admitted November 9, 1865. Colles' fracture of the radius, caused by a fall upon the hand. The accident happened eleven days before he came to the hospital. Palmar and dorsal splints were applied with elevations to correct deformity. The splints were removed three weeks after the injury and the bone was found firmly united, but the deformity is not entirely removed.

2d. Mary Boon, *æt.* 40 years, admitted November 20, 1865. She threw herself from a window the day before admission to the hospital. Colles' fracture of the radius in the right arm. Straight side splints, padded, to correct the deformity, were applied three days after the accident.

The bone was found firmly united at the end of four weeks. There still remained some deformity of the ulna.

3d. Mary Gany, *æt.* 60 years, admitted December 26. Colles' fracture of the radius occurring four days before admission. A single palmar splint, padded, with an elevation about the middle of the forearm was applied. This was removed at the end of three weeks, and the fragments were found united and without deformity.

BIBLIOGRAPH.

REFLEX PARALYSIS.

Its Pathological Anatomy and Relation to the Sympathetic Nervous System. By M. Gonzales Echeverria, M. D., (University of Paris,) Physician to the Charity Hospital, N. Y., etc. Bailliere Brothers, 520 Broadway, N. Y.—B.

The author comprises under the term *reflex*, the class of paralysees called functional, idiopathic, esthenic and peripheral, names which, in this relation, have only supplied the want of definite knowledge. By his industrious investigations, Dr. E. has contributed much to free the literature of this subject, from unmeaning terms—showing in connection with an extensive number of cases of this class of paralysees, undoubted material change in the nerve-tissue, and to which he refers for an explanation of their cause.

The sympathetic system is regarded as the agent through which reflex paralysis is induced, though the author holds the opinion, not positively, but awaiting the force and bearing of the discovery of physical alterations, and their relations, in a greater number of cases than have already passed under his scrutiny.

The book is remarkably free from vague and unsatisfactory hypothesis, and presents an array of facts which cannot fail to be of use and interest. True, its researches do not certainly include post-mortem examinations of every variety of reflex paralysis, but reference is made to those cases hitherto

considered as typical, and unless, which is not probable, subsequent microscopic revelations should demonstrate the cadaveric lesions here described as exceptional, the fact of material nervous alteration peculiar to reflex paralysis will remain unquestioned, making the theory of disease, without any departure from normal anatomical structure, still more untenable.

The volume has eighty pages and will reward attentive perusal.

WHY NOT?

A Book for Every Woman.—R.

This is the prize essay to which the American Medical Association awarded the Gold Medal for 1865, written by Horatio Robinson Storer, M. D., Professor of Obstetrics, etc., and published by Lea & Shepard, 149 Washington street, Boston.

It is issued for general circulation by order of the American Medical Association.

Within eighty-six pages the writer discusses "The true nature of an intentional and unnecessary abortion. The inherent dangers to woman's health and life. The frequency of forced abortions, even among the married. The excuses that are given for the act. Alternatives, public and private, and measures of relief."

While addressing arguments to those who will be influenced by principles of morality and religion, the writer has not failed to strike home at those who can be moved alone by considerations of self interest. Such a production can not fail to interest, and be productive of good, when read by those for whose especial perusal it was prepared. It is not to commend the author that attention is here called to the essay, *Why not?* Dr. Storer's pecuniary condition, nor professional status, does not require the aid of the periodical press. But the subject to which he has given his labor, and which is exhibited in this brochure is one in which the interests of individuals and families are deeply concerned, and which involves the morality of the nation.

We ask the attention of the religious and secular press to this publication, and commend it to the regard of physicians as proper for dissemination amongst the families of their circuits.

ON WAKEFULNESS.

By William H. Hammond, Fellow of the College of Physicians of Philadelphia, Surgeon General U. S. A., etc., etc.—V.

This beautifully finished monograph, which has for its basis an essay "On Sleep and Insomnia," published in the New York Medical Journal, for May and June, 1865, has employed with us a few hours of earnest perusal.

The introduction is devoted to a discussion of the Physiology of Sleep, which is followed by three other chapters, pages devoted respectively to the Pathology of Wakefulness, the exciting cause of Wakefulness, and, lastly, Treatment of Wakefulness. These are all discussed briefly, but comprehensively, and we recommend the little volume to the profession generally, for it contains many instructive lessons, all of which reflect great credit on the author.

The work is admirably printed, and its mechanical finish beautiful.

A PRACTICAL TREATISE ON THE DISEASES OF
THE SEXUAL ORGANS OF WOMAN.

By F. W. Von Scanzoni, Professor of Midwifery and Diseases of Females in the University of Wurzburg, etc. Translated and Annotated with the Approval of the Author, by Augustus K. Gardner, A. M., M. D., Prof. etc., New York.—R.

The above is the title of a publication from the house of Robert M. De Witt, 18 Frankfort street, New York. It contains, including a well arranged and comprehensive index, nearly seven hundred pages.

It is admirably arranged for the purposes of the general practitioner, and well adapted to the student anxious for systematized direction in investigations of the special subjects it embraces.

The American Translator and Annotator, the connection of whose name with the work is abundant commendation in this country, says:—"Having once commenced the translation and editing of an American edition of this work, I found myself unconsciously sustained by the interest the volume excited in my mind, and the further the task progressed, the stronger grew the conviction that I should be doing a good deed in presenting to the profession of my country this treatise of the celebrated teacher of Wurzburg,—a work which, on its subject,—I think is unequalled in the German, French, or English languages."

The practitioner of medicine, who professes to give any attention whatever to diseases of females, who fails to give to this book a reference, if indeed not profound perusal, is either self reliant in ignorance, or vain in the possession of but limited knowledge;—it should be in the library of every general practitioner of medicine.

SYNOPSIS.

CONTAINING A SHORT ABSTRACT, SHOWING AT A GLANCE, THE MOST IMPORTANT INDICATIONS OF TREATMENT PUBLISHED BY DIFFERENT WRITERS WITHIN THE LAST HALF YEAR. (ARRANGED ALPHABETICALLY.) FROM BRAITHWAITE'S RETROSPECT. PART LIII, JANUARY, 1866.

AFFECTIONS OF THE SYSTEM GENERALLY.

Citric Acid.—In cases of ulcerating and painful cancer, as of the mouth, breast, or uterus, a solution of citric acid locally applied will give complete relief.

Convalescence from Inflammation.—Nitric acid is the most suitable medicine known for the state of convalescence from inflammation, and in the various cachetic states following on acute disease, or on habits of intemperance. Its beneficial influences may be referred to its possessing a large proportion of oxygen in loose combination, which promotes a more free circulation through diseased parts, or through effused solids, by further oxygenating them.

Fever in Children—Diagnosis of, by Thermometer.—The average temperature of the body in children from three to ten years of age is 99° . In cases of real fever it rises rapidly to 102° , 103° , or 104° , whereas it remains at or below the normal temperature in cases where real fever is not present, although there is foul tongue, quick pulse, and other symptoms of continued fever. Here we have a ready and accurate means of diagnosis.

Typhoid Fever.—The most successful plan of treatment of typhoid fever (only one case in forty proving fatal) is the following: Strong beef tea and milk every two hours, together fourteen pints every twenty-four hours, and twenty drops of dilute nitro-muriatic acid every two hours. The late Dr. Henderson, of Shanghai, stated that by its adoption the mortality from continued fever was diminished from 28 per cent. to 7 per cent.

Temperature in Typhus and Typhoid Fever.—The temperature of the body affords more reliable information respecting the severity of a case of typhoid fever than either the tongue or the pulse. It is also of great use in diagnosis. Thus, if on the fourth or fifth day the maximum temperature attained during the twenty-four hours be not 103.5° , the disease is most probably not typhoid fever, whilst, on the other hand, if on the first or second day the maximum temperature reaches 104° , the disease is some other than typhoid fever. During the second week the thermometer is of great use as a means of prognosis. The greater the fluctuation between the morning temperature (lower) and the evening temperature (higher), the more favorable is the attack, and the shorter will be its duration. In cases of persistent elevation of the temperature, the earliest sign of improvement is a fall of the morning temperature.

AFFECTIONS OF THE NERVOUS SYSTEM.

Cholera—Calabar Bean.—The calabar bean promises to be an effectual remedy for cholera. It should be given in half-drachm doses of the tincture (drch. j. of the bean drch. j. spirit of wine,) three times a day, in water, and gradually increased if necessary. In one case which had gained no ground for more than two months, this plan of treatment produced most marked improvement in a fortnight, and cure in four weeks. In some cases no benefit seems to follow its use, but this may be said of any medicine.

Epilepsy.—Turpentine.—Turpentine is a very valuable remedy in epilepsy. It may be given in half-drachm doses three times a day, or in a single dose of three drachms at occasional intervals, combined with an equal quantity of castor oil.

Bromide of Ammonium.—It is of the greatest importance to procure sleep in patients attacked with a morbid increase of the reflex excitability. In cases in which there is sleeplessness owing to some cause of cerebral excitement, sleep is almost invariably induced by giving to adults a dose of thirty grains of bromide of ammonium a quarter of an hour before the last meal, and a second dose of from thirty to fifty grains at bedtime.

Lumbago.—Ether Spray.—If there is no gouty or rheumatic condition, instant relief is sometimes attainable by the use of Richardson's ether spray.

Pain.—Subcutaneous Injection of Morphia and Atropine.—

Inject together half a grain of the sulphate of morphia with one-sixtieth of a grain of sulphate of atropine, and the good effects of both against pain are obtained, without the bad effects.

Progressive Locomotor Ataxy, or Wasting of the Posterior Columns of the Spinal Cord.—In a well-marked case of tabes dorsalis (so called by Hippocrates) there is an actual waste of nerve fibres of the posterior columns of the spinal cord. The principal symptoms are a want of co-ordination of voluntary movements, and a tendency on the part of the patient to lose his balance, but without much actual loss of power. The only remedy which seems to be of any avail is the nitrate of silver, given in doses of one-tenth to half a grain two or three times a day; it may be continued for four or six weeks consecutively, and then discontinued for a fortnight or three weeks. The gums must be examined from time to time, as the peculiar coloration which silver produces in the long run first appears in the mucus membrane, and only afterwards in the skin. It acts better when combined with the hypophosphite of soda. The disease was supposed by Hippocrates to arise from excesses in sexual intercourse. It, however, also arises from exposure to cold, exhaustion and rheumatism.

Until recently this disease has been included under the class paraplegia. The symptoms however do not consist in actual paralysis of the muscles, but a loss of power to guide them. If the patient shuts his eyes he stops and sometimes falls. The microscope shows disease of the posterior columns of the spinal cord. There is no loss of sexual power.

AFFECTIONS OF THE CIRCULATORY SYSTEM.

Popliteal Aneurism.—Let the leg be bandaged and elevated, the patient confined to bed, and a grain of opium be given at bedtime if restless. Bend the knee at an acute angle so as entirely to stop pulsation in the aneurism. A pad may also be strapped over the tumour, and, if necessary, a double tourniquet applied over the superficial femoral artery. By simple flexion at an acute angle, all pulsation through the tumour is arrested, and this the more perfectly the higher the tumor is situated in the popliteal space. A tumour situated in the middle of the space, that is, at that spot which is opposite the interval between the tibia and femur, is not curable by this plan of treatment.

Congestion.—*Internal Use of Chloroform.*—Chloroform given

by the stomach and rectum does not produce any symptoms of anæsthesia, but has the effect of equalizing the circulation of the blood and so relieving congestion. It may be thus used in all cases of congestion, whether sthenic or asthenic.

Hemorrhage from Wounds of the Hand.—In cases of hemorrhage from the hand occurring from several points simultaneously, flex the forearm forcibly upon the arm, and the hemorrhage will cease, owing to the acute angle at which the radial and ulnar arteries are placed.

Pyæmia and Septicæmia.—In pyæmia and septicæmia, and all the class of fevers with putridity and purulent absorption, such as hospital fever, puerperal fever, anatomical inoculation, and the like, give sulphite of magnesia so as to saturate the organism with it rapidly. and cause the fluids of the body—urine, saliva, sweat—to contain it. It will rapidly check the effects of putrefactive absorption.

AFFECTIONS OF THE RESPIRATORY SYSTEM.

Chronic Bronchitis of the Aged.—When, in chronic bronchitis in old people there is great dyspnœa, accompanied by a dry state of tubes, the tincture of stramonium given in ten minim doses along with other expectorants is very useful.

Croup and Diphtheria.—*Tracheotomy.*—Whatever may be the primary affection, whether sthenic croup, diphtheritic croup, or genuine diphtheria, death occurs in fatal cases from one or two causes, viz., exhaustion or suffocation. At an early period of those cases, the type of which tends to death by suffocation, before the energies of the patient have been wasted by the progress of the disease, perform tracheotomy. If you wait longer it will be too late.

Diphtheria.—*Hyposulphites.*—The incipient exudation of diphtheria may frequently be removed in forty-eight hours by the application twice a day of a strong solution of hyposulphite of soda, viz., drachms iij. of the hyposulphite, glycerine drachms ij., with drachms vj. of water. A weak gargle may be used every hour.

Larynx Speculum.—An instrument has been invented by Dr. Labordette, of Lisieux, in appearance like a vaginal speculum, but adapted to the throat, and having a mirror so placed that when introduced into the mouth the larynx is reflected. A great deal of light is economized by reflection from the polished interior of the speculum tube. It may be obtained of Maw and Son, of Aldersgate street, London.

Phthisis.—*Inhalation of Carbolic Acid.*—The inhalation of

carbolic acid in fine spray has sometimes a very favorable effect in cases of phthisis, allaying irritation and checking hæmoptysis. Fifteen drops of the pure acid must be dissolved in drachms ij. of spirits, and the solution mixed with ounces xxxij. of water. There are various instruments now sold for reducing fluid to a fine spray.

AFFECTIONS OF THE DIGESTIVE SYSTEM.

Choleraic Diarrhea.—When abruptly checked by opium, choleraic diarrhea often returns immediately, the effects of the opium passes off, the patient meanwhile having a hot skin, quick pulse, and headache, or the patient may pass at once into the stage of collapse. It should be treated by emetics, castor oil, or some other mild laxative, and cold water; not one case out of a large number so treated passed into the stage of collapse. The effect of the opium is highly prejudicial, for it arrests the elimination of the poison through the mucous membrane of the bowels.

Constipation.—Atropia.—Atropia when it has been taken internally for a few days, produces slight relaxation of the bowels, and if constipation existed it is removed. The stools, however, are but little altered in character, and the intestinal secretion but slightly increased. This peculiar action of atropia arises from its depriving the mucous membrane of the bowel of its mucous covering, whereby the fæces more readily excite muscular action. The action of atropia differs from that of common purgatives in that its relaxing power is not followed by a disposition to constipation. In cases of simple constipation the following plan of treatment is the best: R. Magnesiæ sulphatis drachm. j; acidi sulphurici aromat. minim x., tinct. aurantii drachm j.; aquæ ad ounce j. M. Let the above draught be given the first thing in the morning, and last thing at night, on an empty stomach, and let 1-60 of a grain of atropia be added to the draught at bedtime.

Digestion.—The influence of dilute Alcohol on.—Even the most dilute alcohol arrests digestion of animal food until it has been absorbed; digestion then goes on slowly and less perfectly than natural. A little of Allsopp's bitter ale completely arrests the artificial digestion of beef in a solution of gastric juice, which would otherwise completely digest it in eight hours.

Obstruction of the Bowels.—Inject by means of the long tube of a stomach-pump a warm fluid as a solvent or diluent,

allow it to remain two or three hours, then reverse the action of the pump and eject, or rather draw out. A very interesting case illustrating the success of this plan of treatment is related.

Phagedenic Ulceration of the Mouth, or Soft Palate.—Let the patient inhale a mixture of oxygen and atmospheric air, in the proportion of one part of the former to four of the latter. Rapid improvement generally results. A vulcanised india-rubber bag may be used, with a stop-cock and mouth-piece.

Tænia.—*Turpentine.*—Oil of Turpentine, combined with castor oil, three drachms of each, is a better remedy for tænia than oil of male-fern.

AFFECTIONS OF THE URINARY ORGANS.

Acute Orchitis.—*Puncture and Compression by Strapping.*—In cases of acute orchitis after puncturing the testicle through the front or lower part, so as at the same time to let off the serum in the tunica vaginalis, and relieve the tension of the tunica albuginea, so soon as the bleeding has ceased apply a firm case of strapping, put on so tightly as the patient can bear it. A full dose of opium should be given at the same time, and repeated twice or three times.

Lithotrity.—Under certain restrictions with regard to the manner of operating, lithotrity is an eminently successful operation, and is attended with very little risk. The following rules should be observed: Let the natural efforts be trusted to as much as possible for the removal of the debris. Do not inject the bladder before operating. Introduce the lithotrite only once at each sitting. Let the lithotrite remain in the bladder only from one minute to a minute and a half at each sitting. It is rarely necessary to use the fenestrated lithotrite more than once at the outset of a case, in dealing even with a very large stone. For subsequent sittings, and for smaller stones, at the outset, the flat-bladed instrument, which is much less irritating to the bladder and pulverizes more completely, should be alone employed.

Polydipsia.—(*Diabetes Insipidus.*)—Valerian administered in large and rapidly increasing doses is a most serviceable remedy in diabetes insipidus. A case is related in which the specific gravity of the urine rapidly rose from 1000 to 1006 under large doses of valerian in powder.

Tubular Nephritis.—Tartarized antimony has no strong action on the kidneys, and has a very decided action on the skin, hence its applicability to cases of tubular nephritis

which generally results from stoppage of the action of the skin from cold, or is accompanied by that condition as following scarlet fever. Digitaline is the only diuretic suitable. As the disease becomes more chronic, iodide of potassium may be used in diuretic doses.

AFFECTIONS OF BONES, JOINTS, ETC.

Dislocation of the Shoulder-Joint.—To Reduce.—Kneel behind the patient and place the palm of one hand firmly on the scapula and the fingers in the axilla under the head of the humerus. With the other hand grasp the condyles and press the arm to the side, then draw it backwards, and thus get a better hold with the fingers engaged at the head of the bone. By the next movement slide the arm forward and depress the elbow, at the same time rotating outwards and lifting the head of the bone into its place. By this plan many cases may be successfully reduced; but when the patient is very muscular, it is better to adopt the usual plan, with the heel in the axilla.

Fractures of the Leg.—New Form of Cradle.—A new form of cradle for suspending the splinted leg in cases of severe fracture, invented by Mr. Henry Greenway, of Plymouth. It appears likely to conduce greatly to the comfort of the patient.

Fracture of the Radius at the Styloid Process.—The ordinary straight splints are not satisfactory for the treatment of this fracture, owing to the radius not being a straight bone. Its concavity at the wrist should be maintained by any splint adapted to it. The only splint which answers this end is that known as Gordon's splint.

Injuries to the Head and Neck of the Humerus.—Injuries to the head and neck of the humerus are divisible into those *below* the tuberosities and those *through* the tuberosities. In the latter case there are all the symptoms of dislocation into the axilla *a few months after the accident*, for the upper fragment is dragged upwards with the fractured surface pointing outwards, owing to the action of the muscles inserted into the tuberosities; and the form of the neck being thus altered, the head is gradually displaced downwards in the axilla. It is necessary to forewarn a patient of this. The only plan likely to prevent this is to carry the patient's arm out, at right angles to the body. This would prove very inconvenient in practice, but may be tried if the use of a long

straight splint, well padded, and pressed into the axilla, does not sufficiently prevent displacement.

Leather-Felt Splints.—These simple and admirable splints consist of stout felt, lined on one side with wash-leather. All that is necessary for their application is to place a splint (with the leather side downwards) upon a table, then paint the felt side with a liquid which is supplied by the inventor (Mr. J. G. Hides, of Mortimer street, London), then apply the splints to the injured limb, and bandage with an ordinary roller, leaving a little interval between each turn of the bandage. The splint hardens like a piece of wood in about thirty-five minutes. These splints are extremely light, and are capable of adaptation to any part without padding. They are about the same price as wood splints, and can be used again and again by merely painting the felt side afresh with a weaker solution of the liquid.

Subacute Synovitis.—Effusion from.—After all inflammatory symptoms have diminished, if the amount of effusion shows no tendency to diminish, apply a large blister to the joint, and dress with mercurial ointment, or if the blistered surface shows a tendency to heal rapidly, with equal parts of mercurial and savin ointment.

AFFECTIONS OF THE SKIN, ETC.

Eczema Infantum.—Give minute doses of arsenic, and one grain of calomel twice a week, at bedtime, unless active diarrhoea be present. Apply lint very thickly spread with zinc ointment, and allow the ointment to remain on for a week, when it may be removed with a spatula; a nearly healthy surface will then be exposed.

Erysipelas.—Warm versus Cold Applications.—Never use cold applications in cases of erysipelas. Warm fomentations medicated with poppy or hemlock should be used. The vitality of the part in which erysipelas occurs is always lowered.

Local Pains of the Walls of the Chest.—Chlorocarbon, whilst it possesses the anæsthetic properties of chloroform, has less of the local irritating effects of the latter. Ten or twenty drops injected subcutaneously will relieve pains of the walls of the chest or abdomen, without producing the nausea so frequently the result of the hypodermic injection of preparations of opium and morphia.

Pruritus Senilis.—A case is related in which the subcutaneous injection of one-fourth of a grain of morphia, repeated

in two days, completely cured the intolerable itching. In another case one injection produced the same result.

Wounds.—Chloride of Zinc Lotion.—The discharge from a wound, whether the result of accident or surgical operation, usually decomposes whenever covered for a few hours, as evidenced by the peculiar sickly smell. If, however, the wound is well bathed with a lotion of twenty grains of chloride of zinc to the ounce of water, this is prevented, and the wound will frequently heal by the first intention, without swelling, pain, or discoloration. The plan has been tried in a variety of operations, the removal of tumours, amputations, even with extensive and thin flaps, operations about the rectum, involving the mucous membrane, and in the perineum. In many cases the wounds have healed in twenty-four hours, without fulness or swelling, and leaving a line of cicatrix which after a short time could hardly be seen or felt.

VENEREAL AFFECTIONS.

Gonorrhœa and Gleet.—Soluble Bougies.—Soluble bougies, two or three or more inches in length, and made of cacao butter may be impregnated with nitrate of silver (a quarter of a grain), or tannin, or acetate of lead, and being introduced into the urethra in cases of chronic gonorrhœa or gleet, form an excellent means of thoroughly applying remedies to the mucous membrane. They may also be made sedative by impregnating them with opium or belladonna. It is probable that many of these cases are so troublesome because the remedies applied are not allowed to remain sufficiently long in contact with the mucous membrane.

AFFECTIONS OF THE EYE AND EAR.

Atropine Pencils.—Pencils or points impregnated with atropine and adaptable into wooden holders, which may be carried about in the pocket are by far the most convenient mode of using atropine to dilate the pupil. If the atropine point is lightly passed, once or twice, over the conjunctiva of the lower eyelid a sufficient quantity of atropine is washed off to dilate the pupil for ophthalmoscopic or other purposes. These points may be obtained from Mr. Curtis, of Baker street, London.

Gonorrhœal Ophthalmia in Children.—Wash away the discharge every half hour with lukewarm water, and apply

within the lids a solution of alum of the strength of three grains to the ounce. The diluted nitrate of silver stick is also very useful. The nitrate is diluted with nitrate of potash.

Granular Lids.--Pressure.—If pressure is applied to the granular lids without pressing on the globe of the eye, we frequently gain much benefit in these cases. This may readily be done by means of an instrument consisting of two ivory plates, one fitting into the concavity of the under surface of the lid and the other upon the convex upper surface: the upper plate can be approximated to the under by a screw, and the amount of pressure delicately adjusted. The lid compressor may at first be applied for one hour daily, and if well borne, for two, three, or four hours. One great advantage which this treatment has over the ordinary methods of scarification and subsequent application of various caustics, is that there is nothing in pressure which can tend to the production of entropium with trichiasis.

Iritis.--Treatment of by Atropine.—One-half of cases of iritis, whether syphilitic or not, can be cured by the application of atropine alone. A little solution of the strength of two grains to the ounce should be dropped into the eye six times, at intervals of five minutes in the morning, and six times also in the evening. On the following day, if the pain is lessened and the pupil is beginning to dilate, the case is slight, and atropine alone will cure it. If the pupil is affected, and the symptoms are unabated, mercurial treatment must be commenced without delay. Mercury acts much better on the system when it is introduced through the skin than by the digestive organs. The patient should be confined to bed, and a broad piece of flannel well smeared with mercurial ointment wrapped around each arm. The gums generally become affected in from three to four days. It is not necessary to rub in the ointment. Atropine should be used during the whole period of treatment, except where it causes great pain or increases conjunctival irritation, in which case it may be temporarily suspended.

Malignant and Recurrent Tumours of the Orbit.—After removing the tumour with all the tissues as far back as the optic foramen, apply chloride of zinc paste spread on strips of lint to the bottom and sides of the orbit, so as to effectually destroy any germ of the disease which may have escaped the knife. The actual cautery may be applied to the periosteum, in spots where there appear to be small adherent particles of the disease which it is difficult to get away with the knife.

Speculum Auris.—(Dr. Brunton's)—In examining the membrana tympana with the ordinary speculum there is fre-

quently great difficulty in seeing, owing to the observer's head obstructing the light, and the eye cannot be brought near enough the object to permit of minute examination. All this may be obviated by the use of an instrument on the principle of the endoscope, the light being admitted at the side. The following simple instrument is well adapted to the purpose. The instrument consists of a brass tube, two inches long and three-quarters of an inch in diameter, to one end of which is made to fit on, by sliding, an ear-piece similar to Toynbee's aural speculum. At the other end is an eye-piece with a lens of moderately magnifying power; the eye-piece slides so as to admit of focal arrangement to suit the eye of the observer. In the body of the instrument, near the ear-piece end, and set at an angle of 45° , is a concave mirror with a hole in the centre; this aperture in the mirror is in the line of the axis of the tube and ear-piece. At a right angle to the body of the instrument, and opposite to this mirror, is adapted a sliding funnel-shaped polished silver reflector for collecting and concentrating the rays of light, so that the rays are let in at the side, and, falling on the mirror are reflected and concentrated into the ear, and carried back to the eye of the observer through the hole in the mirror, and are magnified by the lens of the eye-piece. There is also a handle attached to the light-reflector, which works on a sliding band, and can be turned about to suit either hand of the observer as he may wish, when looking at the right or left ear. With this instrument the smallest change of structure may be noted, and the movement of the membrane readily observed. The blood vessels that traverse the membrane can be seen in the healthy ear.

MIDWIFERY, AND THE DISEASES OF WOMEN AND CHILDREN.

Chlorocarbon in Midwifery.—Chlorocarbon will probably prove especially useful in midwifery, for it abolishes pain without affecting consciousness. It is during its early stage of action a powerful stimulant to the circulatory system.

Chlorosis.—Iron.—Iron is useful in chlorosis only because of a peculiar influence which causes the food to be transformed more easily into blood. Other metals which are not normal constituents of blood globules, such as manganese and silver, will sometimes act even better than iron. There is immense value in a purely hygienic means in the treatment of chlorosis.

Difficult Turning.—By the use of the following instrument for applying a running noose of tape around the ankle of the child when very high up, turning may be accomplished in cases where embryotomy apparently was the only method practicable. The instrument is a staff of German silver, with a horse-shoe shaped bi-valvular tube, with open bevelled extremities fixed to its top. At the handle is a spring, by means of which the horse-shoe shaped tube can be opened into two semi-circular grooved valves. A loop of the running noose of tape is put into, and fastened in, the bi-valvular tube. The instrument is then introduced, with the horse-shoe along the arm and hand of the accoucheur, up to the foot, which is then slipped into the circle formed by the tube and the free part of the loop, between the two extremities of the horse-shoe. By pressing on the spring the tube readily opens, and lets the loop of the running noose free, surrounding the child's ankle. It is then tightened by pulling on the free ends of the noose.

Displacement of the Uterus.—Take a circle of gutta-percha and enclose it in a copper wire of No. 12 thickness. A stem of the same wire, a continuation of that enclosed in the gutta-percha, and bent to the curve of the vagina, must be brought forwards to the upper edge of the mons veneris. The os and cervix must be placed in the circle, which must be deep enough to contain them. At the upper edge of the mons veneris the wire must be bent into two semi-circular horns, one to run along the lower part of the abdomen on either side, immediately above the groins. These horns should be fastened to the abdominal bandage by tapes or stout pins. The instrument is now secure, and invariably affords relief without giving rise to any pain or irritation. It requires a little modification in the shape of the gutta-percha cup according as the case is one of anteversion or retroversion. Its cost is not more than three pence.

Extreme Flexions of the Uterus.—A new instrument for the relief of extreme flexions of the uterus, has been invented by Dr. Wright.

Glandular Tumour of Mamma, with Cysts.—*Injection with Iodine.*—The usual practice in these cases is to remove the tumour or to lay it open and stuff with lint. Instead of that introduce the needle of a subcutaneous injection syringe and withdraw the fluid through it, then inject with tincture of iodine. The indurated gland around the cysts disappears when the cysts are destroyed.

Hemorrhage after Labour.—*Injection of the Uterus with Perchloride of Iron.*—After clearing out the uterine cavity of

placental remains and clots, inject a solution of perchloride of iron into the uterus.

Hemorrhage from Sub-involution of the Uterus after Abortion or Labour.—There is not the least danger in injecting the uterus with styptic solutions such as a solution of perchloride of iron, or in swabbing the interior by means of a piece of sponge. It is necessary, however, that the internal os should be first freely dilated. We must rely greatly upon the improvement of the general health, which is always more or less impaired.

Hysteralgia.—Chlorocarbon Vapour in.—In cases of hysteralgia, the injection of the vapour of chlorocarbon sometimes relieves the pain. The first patient in whose case this was tried said that she experienced so much relief that she slept the following night “far better than she had done for weeks.” The best apparatus is a common enema syringe with the nozzle introduced into the vagina, and the other extremity placed in a phial containing the chlorocarbon.

Liebig's Food for Children.—In the preparation of this food the malt should be well freed from husk and finely ground, and the wheat flour should be slightly baked, in order to partially cook the starch entering into its composition. A thermometer should also be employed in the preparation of the food, as a temperature ranging between °140 to °148 is amply sufficient to effect the complete transformation and solution of the starch corpuscles, and, indeed, to cook the food sufficiently.

Mechanical Dysmenorrhea.—The seat of obstruction is almost invariably at the os externum. The obstruction is due chiefly to the small round os itself; partly to the pointed elongated form of the lower part of the vaginal portion, and partly to an unusual rigidity of structure. The vaginal portion is in fact in excess, and is subject to flexions. These flexions, which may be either anterior, posterior, or lateral, are flexions of the cervix and not of the body, and the angulation sometimes produces stricture. Any plan of treatment which is not adapted to remove the mechanical cause is not likely to do more than mitigate the symptoms. Neither Simpson nor Marion Sims have found dilatation either safe or successful, and it is liable to be followed by ill consequences, such as pyæmia and peritonitis. The instrument used by Dr. Barnes is contrived to cut like a pair of scissors. One blade, strong, and somewhat probe-shaped, passes through the narrow os into the cervix, whilst the other blade, slightly concave on the cutting edge, so as better to seize the rounded surface of the cervix, is applied at any part of the vaginal-portion the operator chooses. Then the part to be divided

being exactly included between the blades is cut through. Thus we are sure of cutting as much as we want, and no more. There is this great advantage in cutting from without inwards, instead of from within outwards, that we are cutting towards safety and not towards danger.

Ovarian Tumours.—Chlorate of Potash.—Four cases of ovarian disease are related in which the internal administration of chlorate of potash produced a most marked effect in causing lessening of the tumour; two were quite cured, the tumour altogether disappearing. A dessert-spoonful of a saturated solution of the salt was given thrice a day.

Ovariectomy.—In a case of ovariectomy related by Dr. Aveling, of Sheffield, the pedicle which was short and about four inches broad, was transfixed with a needle carrying a double thread. The two ends of each ligature were then brought up together on either side, and drawn through two iron wire coils; each coil had fitted upon its end a cross-bar, and round these cross-bars the ligatures were secured after they had been drawn sufficiently tight to compress the vessels. The pedicle was then placed in the hook of Dr. Aveling's polyp-trite and crushed through. As there was no hemorrhage it was returned at once in situ, and the wound closed with iron wire sutures. The heads of the two coil clamps were left protruding from the lower angle of the incision. In two days the ligatures were unwrapped from the cross-bars, the coils removed, and the ligatures drawn out; a good recovery followed. The coil clamp will especially be found of use where the pedicle is short.

Polypus Uteri.—It is not correct to say that there is no danger of hemorrhage in cases of excision of a uterine polypus, for some are fed by an artery which may be as large as the radial. It is better in all cases where it can be applied, to remove a polypus by the ecraseur, rather than by the knife or scissors. If, however, from the large size of the polypus, and the contracted state of the vagina this is impossible, the ligature with excision, or the ligature alone must be employed.

Procidentia Uteri.—A descent of the uterus is invariably preceded by a prolapse of the anterior wall of the vagina, which draws down the cervix. The ordinary perineal operation has no effect in providing support where it is wanted, namely, anteriorly, at the connection of the cervix uteri with the base of the bladder. The redundant tissue of the anterior wall must be removed. Raise the hypertrophied vaginal tissue by a tenaculum and remove it, afterwards bringing the edges together by silver wire sutures passed transversely.

Prolapsus Uteri.—Plastic Operation.—Most of the failures

which have occurred in operating for the permanent cure of prolapsus uteri, have arisen from denuding the vagina of the mucous membrane in a pyramidal form, of which the apex is above. Just the opposite should be done. *The base should be above*, because here should occur the greatest resistance to the descent of the womb. It is always well to lay bare an amount of surface somewhat in excess of that which we really wish to adhere together, because union by the first intention never takes place on the edges adjoining the mucous membrane, however carefully they are brought together. The denuded surfaces are better kept together by flat ribbons of silver, one-sixteenth of an inch in breadth, and very thin and soft; of course the needle to carry this requires a transverse slit. Instead of the two pieces of quill or bougie ordinarily used, two pieces of stout silver wire must be soldered together at the ends; when the end of the flat ribbon is passed through the split between these wires, it can be fastened at once by giving it two or three twists. One of these double wires of course is required for either side. It is unnecessary as a rule to divide the sphincter. A firm bandage with a perineal pad should be worn for two or three months after the operation, until the parts are consolidated.

Caustic Applications.—In a case of prolapsus uteri in a patient 72 years of age, Dr. Routh painted the strong nitric acid over a portion of the external skin, which was very loose, and over the mucous membrane of the vagina, about one and a half inches upwards, and for the lower half of the external opening. The pain was considerable at first, but subsided entirely after four hours. The sloughs separated on the eleventh day. The granulations were well washed by a stream of warm water, the parts were brought together by clamps, and two deep sutures applied. A catheter was left in the bladder.

Puerperal Albuminuria.—Puerperal convulsions are not generally the result of the true albuminuria of pregnancy; in reality they are much more frequently the concomitants of true kidney disease assisted by the effects of the puerperal condition. While in the albuminuria of pregnancy, unless the symptoms be severe, the case may almost be left to nature, in pregnancy associated with true kidney disease energetic treatment is demanded, even to the induction of premature labor. Pregnancy in many cases ultimately induces true kidney disease by keeping up renal congestion.

Ranula.—*Injection of Iodine.*—Inject fifteen minims of compound tincture of iodine into the interior of the tumour.

Relaxation of the Pelvic Articulations.—At the close of pregnancy and after labor, the pelvic articulations are sometimes

so relaxed as to prevent the patient taking walking exercise without considerable pain in the back and pelvis. The gait produced is peculiar, being a species of waddling, each leg being advanced with difficulty. There is always great accompanying debility. This state is but an exaggeration of a physiological fact, the object of which is to facilitate the passage of the fœtus. A laced jean belt must be constructed, to support the pelvis and hips. Before, however, this is done, it is well to try the effect of a circular bandage tightly applied round the hips. If the patient is able to walk with ease, the belt may be made for more permanent wear.

Spina Bifida.—*Injection of Iodine.*—In a case in which the opening into the spinal column was about half an inch long and a quarter wide, the fluid was withdrawn by means of a subcutaneous injection syringe, the needle of which was first passed through healthy parts before reaching the tumor; a solution of iodine ten grains, iodide of potassium twenty grains, and water an ounce, was then injected, and the tumour painted over at once, and daily afterwards, with contractile collodion. A cure resulted.

Uterine Leucorrhea.—*Injection of Tincture of Iodine.*—Having by the introduction of a short haired brush removed the layer of mucus adhering to the interior of the corvix and uterine cavity, inject by means of a gum elastic catheter a lotion consisting of one part of the compound tincture of iodine to two parts of water.

Vaginal Rectocele.—Vaginal rectocele is protrusion of the dilated rectum and posterior wall of the vagina through the relaxed vaginal outlet. There is no displacement of the entire rectum, the anterior part only is involved. It is remediable by a plastic operation, whereby the relaxed state of the vagina is remedied. The operation necessary is essentially similar to the one for ruptured perineum.

MISCELLANEA.

Acids.—The rule is sulphuric acid to astringe, hydrochloric acid to promote digestion, and nitric to promote secretion.

Anæsthesia.—*Anæsthesia by Mixed Vapours.*—Chloroform is the wrong thing to begin with; it is a depressant to the heart. We ought to commence the anæsthetic operation with a gentle cardiac stimulant. Let the patient at first inhale a mixture of ether and alcohol vapour, and when the heart and nervous system have fully experienced the power of this excitant, let chloroform vapour be gradually inhaled. This may

be readily done by an inhaler specially contrived by Mr. Robert Ellis, of the Chelsea and Belgrave dispensary, for the purpose. By it the relative proportion of these vapours can be regulated with the utmost nicety. Pure absolute ether and absolute alcohol must be used, perfectly free from the abominable contamination of methyl and its compounds.

Chloroform.—In cases of threatened mischief during the administration of chloroform, nothing does more good than pulling forward the tongue, whereby the epiglottis is likewise pulled forward and air admitted into the larynx. Chloroform should never be given to a patient in a sitting posture, or fatal fainting may ensue.

Ether and Chloroform.—If, in any case, chloroform seems to produce a depressing effect, it is better at once to substitute ether for it; and in prolonged operations, when anæsthesia has been fairly produced by chloroform, it is a good plan to keep it up by ether. The substitution is never attended with any return of sensation. There seems to be a natural antagonism between these agents.

Local Anæsthesia.—Certain substances such as atropine, strychnine, morphine, and aconite, when mixed with chloroform and applied to the skin are absorbed very rapidly, while if alcohol is used absorption is very slow. If this by further experience proves correct, we may produce local anæsthesia without subcutaneous injection.

Milk.—*To Prevent its turning Sour.*—Add to each gallon of milk a teaspoonful of a saturated solution of sulphite of soda. Even in hot weather the milk will remain sweet for a week or ten days, and the sulphite added is quite imperceptible.

Poisoning by Prussic Acid.—Give the patient one or two drachms of magnesia made into an emulsion with water, and then give, in water, a solution of sixteen minims of perchloride of iron and twelve grains and a half of green vitriol. A harmless Prussian blue results.

Purification of Water.—Black oxide of iron possesses a remarkable power of separating the organic impurities from water. The best way of preparing it for this purpose is by heating together hæmatite, or red oxide of iron ore, with sawdust. The oxide as made by this process contains a small percentage of carbon which, however, renders the substance harder and less brittle. If river water containing much organic impurity be made to percolate a layer of this substance a few inches thick, it will lose almost all organic impurity, and be perfectly pure both to taste and smell. It is an admirable substance to use in filters, and, moreover, does not lose its power in the least by time.

EDITORIAL

MEDICAL POLITICS.

A quaint old author and physician, whose religion without doubt was commended of God, though contemned by men, even to the extent of branding him with scepticism and infidelity, says—"to speak strictly, the sin of the fruit was not the first offence. They first transgressed the rule of their own reason, and after, the commandment of God." And an annotator appends, "as indeed none can transgress his commandment without first transgressing reason." It is a scriptural axiom that "man is prone to evil as the sparks are to fly upward." Error and evil then are co-relative effects of a common cause, originating in want of attention to or positive disregard of, the highest attribute appertaining to the qualities of man, or, starting from an absence of observance, or actual transgression of reason.

"There is a certain list of vices committed in all ages, and declaimed against by all authors, which will last as long as human nature; which digested into common places, may serve for any theme, and never be out of date until doomsday. And this because men from the common infirmity of human nature, will persist in holding in esteem, the mortal enemy unto knowledge, and that which has done the greatest execution upon the truth, a peremptory adhesion unto authority; and more especially the establishing of belief upon the dictates of antiquity. For most men, of ages present, so superstitiously do look upon ages past, that the authorities of the one execute the reasons of the other." But there have been, in all ages, men who had the boldness to encounter the errors from antecedent years, and attempt to relieve their own from the thralldom imposed by anterior times. Thus "Hippocrates conceived it no injustice either to

examine or refute the doctrines of his predecessors ; Galen the like, and Aristotle the most of any ; but when they either deliver their own inventions, or reject other men's opinion, they proceed with judgment and ingenuity ; establishing their operations, not only with great solidity, but submitting them also unto the correction of future discovery."

Another form by which adhesion to authority is secured, and the fashioning of belief is directed, is the averment of experience. Experience is not as readily attained, as is commonly believed. Even the great Sir Astley Cooper, with his extensive range of facilities, and habits of close observation, said that he would account his conclusions worth but little if he had not opportunity of contrasting and comparing his own with the observations of practitioners of his time, and those who had gone before him. And the same idea is expressed in the advice of Rhazes, an Arabian physician who flourished in the great city of Bagdad during the ninth century. He tells the people to "ascertain with care the antecedents of the individual to whom you purpose to intrust that which is dearest to you, namely, your health and life, and the health and life of your wife and children. If that individual waste his time in frivolous pursuits, or in parties of pleasure, or if he cultivates too curiously, arts foreign to his profession, as music or poetry, or if especially he be addicted to wine, beware how you entrust to such hands so precious a deposit. He only merits your confidence, who has applied himself, at an early age, to the study of medicine, attended upon able masters, seen many sick, and *joins personal observation to a diligent perusal of the best writers* ; for it is important to witness every thing or investigate every thing for yourself. The knowledge and experience of the single individual, compared with the knowledge and experience of all men, and of all ages, is like a small thread of water by the side of a mighty river." Hippocrates affirmed observation to be difficult, and experience fallacious ; and Sir Thos. Brown has left recorded instances strongly illustrating a truth that the years since the Father of Medicine have but confirmed. "Franciscus Sanctius, in a laudable comment upon Alcants' emblems, affirmeth, and from expe-

rience, that a nightingale hath no tongue. Pierius from experience, delivereth that antidote against the sting of a scorpion, to sit upon an ass, with one's face towards his tail, for so the pain leaveth the man, and passeth into the beast. Sanimonicus bases on experience his receipt for a quartan ague, to lay the fourth book of Homer's Iliad under one's head. The collyrium of Albertus, the right eye of an hedgehog boiled in oil, and preserved in a brazen vessel, it is affirmed on experience, will produce an effect such as thieves would count inestimable, that is, will make one see in the dark. And experience is charged with what is delivered in Kiranides, and unto vicious inclinations were worth a night's lodging with Luis, or ten thousand drachms, that the left stone of a weazle, wrapt up in the skin of a she-mule, is able to secure incontinency from conception. But being neither consonant unto reason, nor correspondent unto experiment, their affirmations are unto us no axioms."

When authority, antiquity, or experience, either or all, is, or are, consonant unto reason and correspondent unto experiment the matter involved can not be made questionable, for each subsequent observation but serves for its confirmation. Thus principles of philosophy announced four hundred years before Christ by Heraclitus and Democritus are appropriate to-day, and their resuscitation now is proper in this place. "Reason by means of the senses is the judge of truth." "There are two kinds of knowledge; one obscure, derived from the senses; another genuine, obtained by the exercise of thought upon the nature of things."

These papers on Medical Politics are written with a desire that thought shall be exercised in the nature of the present policy of the medical profession, with a hope that all it embraces which is sustained alone by the authority of antiquity, usage, or claimed experience may be laid aside as useless, if indeed not cumbersome and occasioning trouble, and only such precepts and dogmas retained as are consonant and correspondent unto reason and experiment. The papers are written under the exercise, in the premises, of sympathy with the sentiment expressed by Bacon in his labor for the "Advancement of Learning; wherein if I have differed from

the ancient and received doctrines, and thereby shall move contradiction, for my part as I affect not to dissent, so I purpose not to contend. And as Alexander Borgen was wont to say of the expedition of the French for Naples, that they came with chalk in their hands to mark up their lodgings, and not with weapons to fight; so I like better that entry of truth which cometh peaceably, with chalk to mark up those minds which are capable to lodge and harbour it, than that which cometh with pugnacity and contention. The registering of doubts hath two excellent uses; the one, that it saveth philosophy from errors and falsehoods; the other, that the entry of doubts is as so many suckers or sponges to draw use of knowledge; in so much as that, which, if doubts had not preceded, a man should never have advised, but passed it over without note, is, by the suggestion and solicitation of doubts, made to be attended and applied."

The profession of medicine considered segregate can not probably be under a better plan of organization than that it now affects derived from circumstances and times when governments were, limited or unlimited but, essentially monarchical; and sustained the professions, and arts, and trades, as privileges not to be enjoyed except after probation and endurance,—entrance into that of medicine requiring time, curious procedure, and solemn oaths. But the progress of years, the extension of observation, and a wide exercise, by a larger number of thought upon the nature of things, has resulted in material change in governmental form, and privilege is universally conceded to individuals to enter upon the discharge of the offices appertaining to any of the vocations created by the necessities of advancing civilization, and forces the profession of medicine to be considered congregate, or in society. Laws that are just have an equal bearing in every direction, and on all persons to whom they are applicable. The Masonic Order, as the representative of secret associations, is not in society, it is not a necessity to the subsistence or clothing of man, or the continuance or preservation of life. It stands alone upon its own intrinsic workings, and is not directly or indirectly dependent upon the public for support, and sustenance, but upon its member-

ship. Hence it can, and does with propriety, have its own jurisprudence, beginning with prescribing particular qualifications—as prerequisite to the privilege of making application to be admitted. It is voluntary on the part of the individual and predicated alone on his favorable conception of the institution, and the public is not affected by the reception or rejection of the application. If he encounters the difficulties, endures the tests, makes suitable proficiency in degrees, passes succeeding examination, and proves himself worthy, he is exalted in the regard of his associates, and his honor and efficiency as a Mason are far removed from dependence upon the influential or humble position he occupies before the public. A true Mason is always a good citizen, but if it were possible for the public to ignore a man because he was a Mason, the fraternity would close around him and protect him, and sustain him. But if a man violates his masonic relationships the public is in no wise interested so far as it can perceive, and is unaffected by any punishment with which the offender may be visited, as the order is unaffected by any estimate the public may entertain of an individual member. The Mason who obeys strictly the laws of his order is always sure of masonic support, and has no fear of pecuniary injury from such obedience.

Is it thus with the profession of medicine? It is in society; it is part and parcel of every community, a vocation amongst men in which labor is done for pay, by which the laborer may be enabled to pay proper compensation to laborers in other vocations. The members of communities must furnish practitioners of medicine with opportunity to develop, or exhibit, their worth, and this is, or is not, done without reference to the practitioner's relationship to the profession of medicine under the laws it has enacted? Is it not true that hence men who are ignored by these laws practice medicine, make money, build houses, communicate, enter assemblies clothed in purple and fine linen, and dispense favors lavishly upon satraps from the abundance furnished by the relying public? And is it not just as true, that men who have from the first obeyed these laws, observed the behests in the minutest particular, and are uniformly admitted

by confreres to be worthy of commendation and of confidence, are left to starve, or at best to have but a bare subsistence, because the public does not see in this obedience to the professional laws any virtue, or in the commendation sufficient weight to give the dependants more than they receive of public favor? And has not the profession failed to make provision for this need? Is it not true that men condemned by the laws of the profession of medicine are countenanced and supported by the public, and have deference paid to them by others, who profess allegiance to the professional laws; while men who should be esteemed and have control according to those laws, fail to receive countenance and support from the public, and are left to other resources or common charity? It is worth reflection to determine how far the present form of professional organization is responsible for bad effect? Are not its laws restrictive without furnishing return, in protection, for the liberty they invade? Has not a testimonial from certain parties been dignified beyond its intrinsic worth, by professional law and observance, which is practically contemned by the public? Do not the laws give occasion to the prevalence of sects in a profession, the members of which, in the honest discharge of duty to their own conscience and to God, are bound to employ any suggestion, agent, or combination for the benefit of those under charge, without reference to the source of the suggestion, or the evidence of the applicability of the agent or combination? Do not the laws prohibit association, conference, or consultation with persons, no odds how well qualified by education, and the practice of social amenities, and pious observances, who do not strictly conform to rules that the public does not regard as essential, or estimates as at least useless, if not pernicious, and in themselves assumptive, and encroaching on the rights of individuals who are not amenable to their censure? Do not the laws, edicts, and resolutions unnecessarily originate a difference between the public and the profession, as to where the right lays to measure a man's qualifications, or determine the extent of responsibility that may be put upon him? In such a difference will not the public inevitably be more than conqueror, in, not alone

practically setting aside the professional dictum, but positively weakening the influence of a profession that has the temerity to enact laws which it can not render effective?

It has already been affirmed that these papers are not written with a view to contend, but by way of suggestion. Questions are proposed, but left for the cogitation of other minds. It is however not out of place to put on record illustrative cases, that may be accounted as supposed, though perhaps something analogous occurs in every community that has inhabitants enough to be preyed upon by harpies. A man but little more than twenty-five years of age entered a young but growing town, seeking employment. A merchant confident in his own judgment, was impressed by the individual's representation of his own capacity, and of the destitution of a young wife, and mother. He gave the employment that was desired. The man did not fail to give satisfaction, either in his business habits, or his attention to the services of the religious denomination to which he professed attachment. Indeed, after a time, he had so commended himself to the merchant, as to be entrusted by him with the management of a branch house at another locality. At stated intervals during twelve months, other invoices of goods were shipped, and added to the original stock; but no returns were received by the principal house. Then an account of stock was taken, by which the fact was exposed that the merchant had sunk by this branch of his house fifteen thousand dollars. There were no justifiable or sustainable grounds to charge speculation or dishonesty on any one; though the character of Clenbin had not then been depicted in language, and the history of the loss of the steamer *Durande* had not yet been written. The branch house was closed, the merchant returned to his home and a business directly under his own control, and the formerly poor employee was lost sight of for many years. He never changed his name. At length in bold-faced type it occurred to the notice of the merchant in a newspaper in connection with affirmations of power of insight into diseased conditions, and the relationships of agents for remedying them far surpassing the capacity of the largest number of practitioners of

medicine. And the affirmations were certified to be true, as well as the gentlemanly and christian Character of the advertiser vouched for, by a man whose life had been spent in educating the females of a very wide extent of country contiguous to the town in which the quondam clerk meekly solicited a place and moderate compensation, but now witnessed him the boasting doctor not only ready but anxious to have in charge and under his treatment cases of disease pronounced incurable, and in which failure had been encountered by other physicians. The former pupils of the maker of the certificate had become wives and mothers, and ready at all times to adopt any view, and contend for any affirmation, of their old teacher. They were the wives and mothers of preachers and church members, of lawyers, merchants, and artizans; and their influence did not cease until it elicited support for the advertiser of even physicians, who professed allegiance to the professional code, but could not refrain from exhibiting the influence by which they were swayed in such expressions as—"they may say what they will, but that is a very considerable man," or perhaps language more strongly commendatory. For the moment the fact is lost sight of that not a practitioner of two years standing but could obtain as strong, or stronger, certificates from as reliable and influential sources; but such a course is not conformable to the usages and laws of the medical profession, which restrains its members from any verbal, or written, reference to their own acts, and their good results, for exhibition to the public, however advanced in deference and respect to proper modesty. The principles of general ethics condemn an egotistical assumption on the part of any one, and its display is ordinarily offensive to gentlemen. But in the related instance it is tolerated. In truth, is it not encouraged by the profession presuming to designate the line where proper modesty terminates, and offensive egotism begins? Is it not encouraged because it gives the public an opportunity to exercise its own right to judge in the evidence of reliable men who are of them, and not belonging to a segregated profession that assumes to dictate, while the public is anxiously careful to exhibit the nothingness in authority of the source of the dictation? The result, is business success attends him, patients flock to his consultation rooms, money fills his coffers; and physicians then actually associate with him in conviviality and socially, and do not eschew professional confer-

ence and acts. True, generally there are elderly men who have ceased ardent professional strife, and emulation, whose impress for good or bad has been made in the community, and they have their character, whatever it may be;—they can afford to spit defiance at a code they never respected except so far as to use it in the day of their need for their individual promotion or protection, or, by younger men who, perhaps are vociferous in expressions of attachment and regard for the laws of the profession, feeling secure in self-known violations, because they are overspread by the umbrage or shadow of the reputations of the elders whose company they are permitted, and for whose favors they cringe and fawn, whose vices they imitate, while they can not even affect their virtues, nor emulate their capacity. Does the professional association dare endure the contumely it would encounter, dare meet the public reproach aroused by an attempt to degrade by professional trial, and the application of professional law, such men?

Appropriating the question made by a learned man relative to the severity of the Lacedemonian law,—it is submitted: “Whether the professional laws, applicable in their origin, but which sometimes now durst not be put in execution, or if put in execution are inefficient, are, for the times, ingenious, rational, and commodious, and to be drawn into example?”

IN MEMORIAM.

REUBEN DIMOND MUSSEY, M., D., died in the city of Boston, aged 86 years and two days. About five weeks previously he had been called upon to part from his wife, who died at the age of seventy-six years, on the 14th of May.

As a lecturer, Dr. MUSSEY was clear and concise, and in all that constitutes a good teacher he was among the best. He was eminently a truthful and honest man. His name has been historic for nearly half a century, and his fame as one of the greatest surgeons of the age co-extensive with the march of medical science throughout civilization. Pure—consistent—peaceful—MUSSEY lived and died a soldier of the cross. He fought the good fight of faith and will receive the crown.

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MISCELLANEOUS.

EXPECTANT MEDICINE.

By A. P. Merrill. M. D.

The origin and prevalence in Europe of the expectant system of medicine, invites the serious attention of the medical profession in this country. Like many other systems which have at various times carried captive a large portion of the medical world, this had its origin with prominent teachers in the great medical schools, who make use of the prestige of their position to secure followers. It is very likely to share the fate of the systems which preceded it, and after a while cease to exist; but at present it appears to be on the increase, and to threaten an extensive acceptance, thus repeating the history and illustrating the doctrine of systems in medicine, and also at the same time the doctrine of a succession in diverse extremes.

The heroic system which preceded this, and which was supported by equal authority, taught the importance of attacking disease with a vigorous curative treatment. Blood-letting, emetics, cathartics, mercurials and epispastics, were found to be efficient remedial agents in the hands of heroic practitioners; but the imprudence of the reckless and unskillful, proved these remedies not less powerful for evil than for good. The shock imposed upon the nervous system by the injudicious use of such active agencies, often so exhausted vital energy, that the patient sank beneath the pressure of excessive medication, and died under the operation

of remedies otherwise beneficial. Observing this occasional want of success, many persons became convinced that all such treatment was dangerous to life, and the minds of such were prepared for change. The heroic system became especially unpopular in the French capital, a city always prolific of systems in medicine, and noted for vacillation and change in all things.

Just as in this country, the reckless use and abuse of mercury, gave rise to the exclusively vegetable system with its powerful doses, to the eclectic system, professing to discard all hurtful medicines, and to sundry other systems exclusively good in the estimation of the inventors, so in Europe, there was a Mesmer, a Prestnitz, and a Hahneman to take advantage of the prevailing discontent, and to promise great results from little medication. After a struggle for supremacy on both sides of the Atlantic, the mock-heroic system of Hahneman finally took precedence everywhere, and homeopathy triumphed even among the more intelligent and wealthy classes. The learned cotemporaries of Hahneman had their hearty laugh over the absurdities of his delusion, and ridiculed his scheme of dynamatizing infinitesimal doses by the magic of manipulation, but it met the demand of the age, and swept through Paris and the German States like a whirlwind. Here at last was a place of rest for all who had become dissatisfied with heroic medication. Morbid conditions were henceforward to be relieved by remedies of great *potency*, without the possibility of perceptible effects! The human system was to be drugged and freely drugged as before, and by poisons the most virulent, and cures were to be effected without the repulsive inconveniences of puking and purging. The regimen must necessarily be rigidly abstemious, because the most powerful doses might lurk unnoticed in the salt and other condiments of the table. The druggist might not scrape his mortar with an iron spatula, lest the particles of this tonic metal, rendered potent by trituration, should be productive of mischief! The heroic system of medicine with all its long enjoyed celebrity was doomed, and the "old school" subverted.

But there is a maxim of more force than elegance, not unknown in France, which teaches that the devil must be fought with fire. Certain physicians of celebrity in that country were not slow to discover, that they could accomplish, without remedies, just what Hahneman and his followers professed to do with next to none. It was demonstrated by oft-repeated experiment, that an expectant system which professed to wait upon the curative powers of nature, was quite as successful in practice, as another expectant system which aroused

the imagination by an exhibition of infinitesimal doses of medicine every hour in the day. Between the two, a great discovery has indeed been made, as to the value and efficiency of the *vis medicatrix naturæ*. Diseases which had been supposed almost necessarily fatal without active remedial agencies, have been found to subside under the benign conservative power implanted in the human system by a beneficent Providence, when not thwarted or interfered with by injudicious living and treatment. This discovery is of infinite value to mankind, but it is the same that had been previously made in surgery, when the boiling oil was substituted by the adhesive plaster.

When, therefore, it had been proved, that disease could as well be cured by the practice of a system approved by the schools, without resorting to the *materia medica* at all, or only in occasional cases "when imperiously required," and when it had been discovered that nutriment and stimulation were proper remedies for inflammation, there was no longer a necessity for resorting to homeopathy, and science deserved to triumph over sciolism. But as an offset to advantages thus secured by the schools, homeopathy, abandoning the strict requirements of Hahneman in regard to infinitesimalism, resolved to administer heroic doses also, *when imperiously required*, preserving the orthodoxy of the system at the same time, by adhering to the great principle of *like cures like*, its rotten corner-stone.

Homeopathy, with the modifications which time and experience have seemed to require, now divides with expectant medicine, an important portion of both the professional and the non-professional world. A similar line of argument is relied upon by both, and the advocates of each great system succeed in proving to the satisfaction of its adherents, that, contrary to previous belief, many or most cases of disease otherwise occasionally fatal, may be controlled and cured by regimen alone. The question is thus presented: How far are physicians justifiable in relying mainly upon the remedial powers of nature in the treatment of diseases, which, without remedial agencies of some kind, frequently prove fatal? In deciding this many grave errors are likely to be committed. If a considerable portion of cases of pneumonia, cholera, infantile convulsions and fever recover under the influence of a temporizing treatment which ignores the power and efficiency of active remedies for disease, and such treatment is principally to be relied upon, the great mission of the true physician is well nigh ended, and the medical profession sinks from its high position among the sciences, and becomes a comparatively insignificant art.

It is just to concede that Expectant Medicine is advocated and practiced by able and qualified physicians, who may claim to be the proper judges of the degree of abstinence from active medication in particular cases of disease, and it is not the design of this essay to raise any question in regard to this matter. But then it must be considered that nothing is easier to answer all doubts on the principle of eclecticism—"hurtful things are discarded and good things retained." Every practitioner of medicine may insist upon his ability to do this, and the privilege can be denied to none. My objection is to the system as such, and to the mischief necessarily resulting from this and all other systems in medicine. These are not confined to mere negative influences. The organism is disordered about equally by the belladonna advocated and used on the one hand, and by the alcoholic potations liberally employed on the other, with this advantage in favor of the former, that its use is less likely to become habitual. Sometimes it may be useful too, to amuse the imaginations of the credulous by the frequent administration of infinitesimal doses; but true science discards the idea of deception in every form and degree. To treat disease under the delusion of false pretences, is charlatantry.

It may be thought difficult to overrate the powers of nature in subduing certain forms and grades of disease, and yet with consistency it may be contended, that to intrust a single case of disease, commonly fatal, to those powers alone, merely because they are sometimes, and even frequently, successful, is wholly unjustifiable. The sentiment of self-preservation implanted in the human mind as the first law of our nature, makes it impossible that any one should prefer that his own individual case should be entrusted to such uncertain agency, while effective remedies are within his reach; and it can scarcely be denied, that he greatly errs who ventures thus to trifle with human life in compliance with the requirements of any system, however well supported by authoritative names, for nothing is more true than the maxim founded upon the study of all medical history—"Systems in Medicine are Idols, to which human victims are sacrificed."

REMARKS ON INDIGESTION.

By Lunsford P. Yandell, M. D. of Fayette County, Tenn.

In dyspepsia, more than in almost any other disease, the patient is required to "minister to himself." Nevertheless, it is one in which professional advice is as often sought as in

almost any other, and it will not be denied that much yet remains to be added to our knowledge of its prophylaxis and treatment before it will be complete. Indigestion is a serious evil in itself, but it often leads to graver troubles, and lays the foundation of incurable diseases. It afflicts both body and mind, the mental suffering, in many cases, being more intolerable than the mere physical distress. A professional friend, writing to me not long since of his troubles from this source, uses the following strong language in reference to this peculiar feature of the complaint: "For a month past I have suffered more with dyspepsia than ever I did before in my life—not every day, but sometimes for a period of a week or more at a time. Were it a form of the disease entailing physical trouble alone, I could easily endure it; but it has been far worse. A depression of spirits amounting sometimes, it seemed to me, almost to insanity, has rendered me wretched. I could not read nor do anything requiring mental effort, and physical exertion has been alike painful and difficult. I have had swimming in the head, drowsiness, wakefulness, loss of appetite—everything disagreeable in stomach and mind. I have often thought that rather than continue to suffer as I have sometimes done in this way, I would renounce my profession, and go to Texas or Mexico, give up civilization and friends, and reputation, and social position, and become a cattle-driver—anything, anything to escape this hydra-headed disease! I firmly believe that disease, especially disease of the digestive organs, is the origin of nearly all the sin and misery in the world."

The primary condition of soundness of mind in a healthful body is indeed good digestion. The great dramatist enunciates but a simple physiological truth when he says of the stomach, that:

"It is the storehouse and the shop
Of the whole body.
All the cranks and offices of man,
The strongest nerves and small inferior views
From it receive that natural competence
Whereby they live."

Digestion is the starting point in those processes which end in the formation of blood and the development of all the tissues of the animal body. A failure in the first stage is felt in every subsequent process. Without blood of a proper constitution it is impossible to organize healthy structures or carry on healthy functions; and the composition of the blood is affected by food, and the manner in which many organs perform their parts. The salivary glands must supply a fluid for changing amylaceous substances. The stomach must effect the proper changes in the protein compounds. From

the pancreas is derived the agent for emulsifying the fatty materials of food; while the liver, and the intestines, large and small, must combine their agencies to render the process of digestion healthful. Added to all the rest, the nervous system must exert a benign influence or the function will be disturbed.

From this hasty glance at the subject it will be seen how many are the conditions requisite to healthy digestion, and how varied the sources of indigestion. In the treatment of this affection our success will depend largely upon the accuracy with which we are able to determine the cause in each individual case.

It is only since organic chemistry has been cultivated with success, that the profession has begun to appreciate justly the agency of food in the development of disease, and there is reason to believe that we are only just now entering upon a field of research in this direction in which the most valuable additions to our knowledge will be made. Medical statistics show that, with great revolutions in systems of diet, corresponding changes have occurred in the type of disease. Scurvy, gout, and gravel, which were disorders most prevalent in a former age of England, when animal food was consumed in too large proportion, have given place to rheumatism, since vegetables, the potato at their head, have come to form so large a part of the diet of the people. In five years, from 1850 to 1855, forty-one persons are registered as dying of gout, in London, while in the same period eleven hundred persons fell victims to rheumatism, independent of rheumatic fever. The efficacy of diet in the prevention of scurvy is now understood by the whole world, and there can be but little doubt that other maladies will be found, in time, to yield to similar influences. The tuberculous diathesis may prove to be corrigible by a proper course of dieting. In the Transactions of the American Medical Association for 1855, Dr. Charles Hooker made some remarkable statements in regard to the connection between food and tubercular phthisis. As the result of his observations he stated: 1. "That in temperate climates only one-fifth of all the inhabitants between the ages of fifteen and twenty-one habitually use fat meat. 2. That of persons who had reached forty-five years all but less than one in fifty habitually use fat meat as part of their diet. 3. That of those who, from fifteen to twenty-one, avoid fat meat, the great proportion die of phthisis before forty-five; but a few acquire a taste for it and live to a good old age. 4. That, of those dying of phthisis from fifteen to twenty-five years of age, nine-tenths, at least, never used fat meat.

It is of the albuminous materials of food that the tissues of the body are chiefly composed, but the assimilation of these materials only takes place in the presence of oleaginous matters, and this fact explains the importance of fatty substances as articles of diet. The craving of people in southern as well as northern climates for such substances is accounted for by the fact that the formation of cells cannot go on without them. It is also an observation of physiologists that sugar aids in the digestion of the protein compounds, and in this fact we find an explanation of that universal relish for saccharine substances, which prevails as well with nearly all animals as with people of all latitudes.

Nothing is better understood among men than that a certain variety in their food is necessary to health, and yet in practice the principle is too often disregarded. Experiment has shown that life is incompatible with any single article however nutritious, and that disordered function soon results from restricting men or the lower animals to any one alimentary substance. Starch, sugar, albumen, butter, gum, have all been tried with the same result. They excite loathing first, and are then utterly rejected. And in cases in which human beings or domestic animals have appeared to thrive upon a diet too restricted as to variety, they have, in time, come to exhibit the evils of imperfect nutrition. A writer in the *British and Foreign Medical Review* for 1847 mentions some curious facts bearing upon this subject. Among other instances showing the necessity for a varied diet, he cites the experience of Mr. Smith, of Deanston, a distinguished agriculturist, who fed a number of calves during the winter on boiled sago as a substitute for milk. The animals appeared to thrive and increased in fat, but in the course of the following summer every calf so fed died of disease, in some cases of an inflammatory character, while all the calves that had subsisted upon milk remained healthy.

There can be but little doubt that the lassitude, amounting often to indifferent health, felt by so many persons in the spring, is owing to a want of vegetables and fruits, the enjoyment of which in autumn imparts an activity to the system not felt at any other season. And if this be true, it is easy to see that human health is likely to be enhanced almost incalculably by the preservation of fruits and vegetables in a fresh state for use all the year round.

Food must contain all the elements which enter into the various animal structures; for the idea is now exploded that by the digestive process any elementary substance can be generated. Not only must it contain the albuminous and oleaginous principles, and sugar, or the farinaceous com-

pounds convertible into sugar, but also the mineral ingredients, lime, sulphur, phosphorous, iron, etc., which enter into the tissues and secretions of the body. If any be wanted for a lengthened period the deficiency will appear in the failure of some of the animal functions.

Abstinence induces all the symptoms for which dieting and the antiphlogistic treatment are prescribed, and it is now the varied opinion of the profession that the delirium attending upon the advanced stage of continued fevers is, for the most part, the result of inanition, and is to be averted by administering food and stimulants during the rise and progress of the disease. In like manner, food poor in quality causes, in time, a debility of stomach, which develops the most aggravated symptoms of indigestion; and the impoverished stomach, unable to bear the labor of digestion, becomes poorer still from defective supply. The blood loses its healthy constitution from the failure of the first stage of the assimilative process, and this reacts upon the enfeebled organ, and increases the heartburn and other dyspeptic symptoms. It thus happens in the human body, as the later Roman satirist complains that it falls out in human society—those most in want gather least wealth.

The bearing of these facts upon the disease under consideration will be readily perceived. All that pertains to digestion is a matter of interest to the dyspeptic and his physician. We shall be in a situation to correct the departures of the stomach from healthy action when we have got to understand thoroughly the conditions upon which that action proceeds.

In the treatment of indigestion the first step is to ascertain the cause giving rise to the disorder. A patient once came to me for advice in an obstinate case of dyspepsia, which, from his history of it, had evidently been aggravated by the abuse of purgatives. But in addition to this perturbing element, tobacco was also used by the patient; and it was believed that this might be the primary cause of his sufferings. As he was by trade a carpenter there was no need to recommend exercise to him, but he was advised to give up the use of purgatives, simply keeping his bowels open, and to abstain from tobacco. Under this negative treatment his symptoms were alleviated, but he continued to be troubled with indigestion. After two or three months, during which he had not called at my office, I met him in the street looking well. On inquiring what had been the cause of so manifest an amendment, he told me that he had gone on improving slowly under abstinence from medicine and tobacco, but that he had not entirely recovered until he also abandoned the

use of coffee. They are exceptional cases, it may be, in which coffee and tobacco give rise to confirmed dyspepsia, but that they do occasionally produce it is evident from the history of this case, and no doubt the experience of every practitioner would afford similar instances.

But, whatever be the cause of this complaint, there are certain principles of general application in its treatment which it is safe to insist upon.

1. In regard to *diet* there is one point upon which the profession is generally agreed—that the patient must determine the question for himself. The folly of prescribing specially in reference to the food of invalids will soon become evident to any one who makes the experiment. Each stomach has its peculiar appetencies and antipathies, and articles relished for a time become distasteful if too often repeated. But while there is this general concurrence as to the futility of attempting to force the same diet upon each individual patient, physicians are far from entertaining the same views in respect to the efficacy of dieting. There are those who believe that dieting holds the first rank among the measures for remedying dyspepsia, and there can be no question that patients may do much for the promotion of their comfort by a judicious regulation of their diet, indulging in articles proved to be digestible, and abstaining from those which they have found otherwise. But even this wise selection will not avail while the cause producing indigestion continues to operate, and the rigid system of dieting often enforced, the confining of dyspeptics to one or two poor articles of food, is, I am persuaded, positively injurious. It was the practice with a class of physicians some years ago, and doubtless it still prevails to some extent, to restrict their dyspeptic patients to a diet of skimmed milk and stale bread, or a pint of water gruel three times a day. I remember, when this system was much in vogue, reading the obituary notice of a promising young physician in Virginia, who, while laboring under dyspepsia and greatly debilitated by this regimen, became so dejected in spirits that he at last committed suicide by cutting his femoral artery with a razor as he lay in bed. Such a system can only be applicable to cases of dyspepsia induced by high living.

On the contrary, most dyspeptics require a generous diet. The great point in the treatment of the complaint is to prepare the stomach for the digestion of nutritious food. The interstitial decay constantly going on in the body demands a continual supply of fresh aliment, and health and vigor of frame can only be maintained on these terms. This leads to

the consideration of the next measure to be observed in the treatment of indigestion.

2. *Exercise* is, in the cure of dyspepsia, what "action" was affirmed by the great master of oratory to be to the orator—the first, second, and third essential thing. There are no doubt human beings who enjoy perfect digestion, without exercise, but activity is the condition, unquestionably, upon which the vast majority of men are granted that great boon. It is necessary to the removal of the waste tissues resulting from the perpetual decay of all parts of the system. These, if suffered to remain, operate as clogs in the economy, embarrassing all its functions. The nervous system in a special manner suffers by their retention, and the individual experiences a feeling of general discomfort, with depression of spirits, peevishness, and melancholy more or less intense. Their oxidation and subsequent removal is accomplished by the lungs and various excretory processes, all of which are excited to activity by exercise. To the relief derived from a ride or walk, and especially from an excursion combining amusement with muscular exertion, all dyspeptics can testify. They may be brought home languid, dull, out of spirits, with minds sluggish and gloomy, but the jaunt has eliminated the effete matters which pressed upon their nerves and brains, and they become buoyant, active and vigorous. These effete matters not only disorder the mind and body at the time—they retard digestion, oppose the introduction of fresh materials into the blood, and interfere with the whole process of nutrition. The problem to be solved—often a most difficult problem with the valetudinarian—is how to secure exercise enough in the open air to effect the perfect elimination of their waste tissues. The whole female population of our Southern States is deeply interested in the solution of this problem. Delicate, feeble, intolerant of bodily exertion, the indolent life they lead increases the infirmity each succeeding generation. There can be no robust health with such habits. The remedy for that indigestion which is the disease of the country, and the long train of nervous disorders resulting from it, is exercise—exercise on any terms, in any way. That form of dyspepsia which embitters the lives of half our women, and entails life-long suffering upon their offspring, is only to be combatted successfully by exercise. And we may not hope for such health as ought to exist in so fine a climate as ours until this truth is duly impressed upon the popular mind.

3. *Sleep* is another one of the non-naturals essential to good digestion. How much is demanded must be decided by the experience of each individual for himself, but a certain

amount of undisturbed sleep is required for the repair of the cerebral matter, which takes place during the waking hours, and is indispensable to that nervous integrity without which there can be no sound digestion nor cheerfulness of spirit. To the latter condition especially, my experience is, that nothing contributes so largely as sound refreshing sleep; and the reflex influence of a cheerful state of mind upon the digestive processes is a matter well understood by all. The stomach affects the brain by sending matters badly assimilated into the blood, and the disordered brain reacts upon the stomach increasing the disorder of its functions. Thousands of persons rise from bed every morning irritable, morose, gloomy, and pass the day in discomfort, because they failed to secure the repose during the night necessary to the repair of their brains. The notion that early rising conduces to health forces some out of bed before their nervous systems are fully refreshed, but more abridge their sleep by unwisely pursuing their studies to an unseasonable hour. Students often bring on indigestion in this way, and in such cases it will generally be found an effectual cure to enforce seven or eight hours of sleep.

4. In reference to the value of *medication* in dyspepsia widely different views have been held by the profession. No practitioner would now, probably, push it so far as was recommended by Professor Cooke, long an eminent teacher in Kentucky, but it is quite possible to run to the other extreme. Of one class of medicinal agents in the treatment of the complaint, my estimate is very high. I refer to *laxation*. Dr. Godman remarked, forty years ago, that "the course of constipation had driven thousands to madness." Constipation, according to my observation and experience, is one of the chief causes, if not of indigestion, at least, of the aggravation of all its symptoms. It is the one thing to be obviated and guarded against. Why it is that the retention of fecal matters should operate so injuriously upon the brain, the stomach, in fact, the whole system; whether it be from sympathy between remote parts, or the absorption of matters which ought to pass away by the bowels, we may not be able to explain; but the fact of this close inter-dependence, this sympathy of parts, is a matter of daily attestation, and must be taken into account in the management of every case of dyspepsia.

In the use of laxatives the point is to secure evacuation of the bowels with the least disturbance to the stomach and general system. As fulfilling this indication I have found nothing equal to common salt, the chloride of sodium. I had long remarked the comfort derived by dyspeptics from

salino-sulphur water drunk at the springs, and especially the Blue Lick water, which, some years ago, was put up in barrels and widely distributed over the Mississippi valley. Seeing that the principal ingredient in all these waters was chloride of sodium, I adopted the use of that salt as a substitute for the mineral waters, and found the effect to be the same. As much table salt as dissolved in water renders it agreeable to the taste, and drunk to the extent of two or three tumblers before breakfast, has the effect of emptying the bowels effectually, without producing the least tenesmus or any disturbance of the stomach. If the solution be made too strong it will excite nausea and vomiting, act as a purgative, and induce thirst. This must be avoided by using the salt largely diluted. My directions to patients are to make the water as salt as they would take soup or gruel. This may be used day after day, for months or years together, with the effect of keeping the bowels in the most healthy condition, and without increasing the dose. It unloads the bowels without increasing secretion, and obviates constipation without purging. No exhaustion ensues, and a most important incidental advantage results from this mild aperient—the removal of that condition of the hemorrhoidal veins which gives origin to piles. Salt water is as sovereign a remedy for hemorrhoids as it is for most of the troubles attendant upon indigestion. And my belief is that in the last twenty years I have afforded more relief to invalids by instructing them in its remedial powers than I have done in the same period by the use of any other remedy.

But there are dyspeptics who find other mild laxations more agreeable and salutary. It is not necessary to go over the list and point out the advantages of each article. I will only add that in cases where there is evidence that the liver is not acting, a purgative combining a mercurial affords the greatest relief. These are the cases marked most decidedly by disturbance of the cerebral function—the cases in which hypochondria is the leading feature. It was a remark of Dr. James Johnson, of the *Medico-Chirurgical Review*, that his mind was never so clear and active as when he had pumped out his liver by a scruple of calomel. And thousands of dyspeptics over every part of our country can testify that they have found nothing that is so efficacious in the paroxysms of their malady, nothing so dispelled mental gloom, and restored such a sense of well-being, as Cooke's pills.

Mason's Depot, July 4, 1866.

DIPHTHERIA.

*Reported for the Murfreesboro Medical Club, December 16, 1865,
by J. B. Murfree, M. D.*

Dr. Clayton opened the discussion by saying, Mr. President: The subject selected for discussion to-night is Diphtheria. The word Diphtheria is derived from the Greek word "*Diphtheria*," meaning a membrane, and, I suppose the exudation that occurs, resembling a membrane, is the cause of the name being applied to the disease.

Some term it putrid sore throat, and ascribe the exudation to the condition of the blood. I think Diphtheria is distinct and different from putrid sore throat. Diphtheria proceeds from common inflammation of the throat. Whenever we have a common inflammation of the throat we may have Diphtheria in connection with it. It is owing to a peculiar condition of the blood, which I take to be an excess of fibrin. In membranous croup we have an albuminous exudation thrown out, which forms a tougher membrane than occurs in Diphtheria. In membranous croup we have at first a slight redness of the throat, then little patches of a white ash color like thrush occurs.

In Diphtheria we have at first a slight inflammation of the fauces, then a false membrane forms, which may extend to the larynx and trachea. In diphtheria we have a constitutional condition, the result of a local cause, which may be either of a sthenic or a typhoid character, leading us to conclude that it was the result of the condition of the blood, *i. e.* an excess of fibrin and probably also of albumen.

The fever that accompanies Diphtheria is like any fever, except that it has a typhoid tendency.

Calomel seems to check the tendency to form this diphtheritic exudation. The general treatment of the disease is by tonics and a nutritious diet. Outside of the general treatment we have a local treatment which is important. First, we have external applications to the throat of leeches, liniments, etc., but the internal local treatment is the more important. The best that I have used are washes of the different preparations of potash, and also the chlorate of soda, with the tincture of iron, and at the same time I use the tincture of iron internally.

The tincture of iron is the best remedy I have used, and occasionally in conjunction with quinine. Sometimes the liver and skin seem to be sluggish. For this condition I have used the hydrargyrum cum creta, with Dover's powder.

In some instances we have gangrene of the throat occurring, and for this condition I have used the nitrate of silver

and nitric acid, but these only cause a slough to be thrown off. The chlorate of potash, in my hands, has proved the best gargle, and in the proportion of a drachm of the chlorate of potash to eight ounces of water.

I have not been able to determine whether Diphtheria is a contagious disease or not, though I am rather of the belief that it is. It may, under some circumstances, so affect the system, as to bring about this excess of fibrin and albumen, which gives rise to the disease. I suppose it is brought about by a condition of the atmosphere, which causes patients to take on diseases of the throat.

Dr. Ransom said :

MR. PRESIDENT:—We have before us for discussion to-night a disease which for the last few years has been of more interest to me than almost any other. The first case which came under my notice was in 1858, and for the last two years I have seen but little of it, and I hope we may never again meet with it, especially in its most formidable shape. During one or two years Diphtheria made up, I should say, one-sixth of all my practice, and I was generally unsuccessful in its treatment.

We have too leading forms of Diphtheria, which in their results are very different. One class of patients die of a blocking up of the air passages; while another class die of an asthenic, typhoid state of the system, and a general sinking of the vital energies. Diphtheritic croup may occur in any case however benign in its general character, and we can in no case assure the parents that their child will not die. So far as my observation extends about as many patients die of this blocking up of the air passages in the benign, as in the malignant forms of Diphtheria, which has taught me to be very guarded in my prognosis.

From the investigation which I have been able to give the subject, I am disposed to believe that Diphtheria is a new disease, upon which the profession is but little enlightened, it never having prevailed in its present form before the last few years. I can not consent to Dr. Clayton's suggestions as to the proximate cause of Diphtheria. I believe it to be primarily a constitutional affection, manifesting, by those deposits, its peculiar character; and the local disease is a mere manifestation, nothing more, and instead of an excess of fibrin, I believe we may generally expect to find an excess of albumen in Diphtheria.

In our treatment it is important that we bear in mind that upon the one hand we have to deal with a low form of disease, closely resembling malignant, typhoid fever, in which

condition of things we must rely upon tonics, stimulants and general support, iron, quinine, brandy, etc. On the other hand we meet with nearly the same local symptoms, with the general system sympathizing very little, and presenting to us but one danger, that is membranous deposits in the air passages. Here I have not seen that a tonic and stimulant treatment affected the case one way or the other.

I do not know that I have administered any remedy which has in the least tended to prevent the extension of the membranous deposits to the trachea, and when these deposits have taken place in the air passages, and respiration has become impeded by them, after many and faithful trials of different kinds of emetics, inhalations, and almost every remedy that I have seen suggested, I have to record only two cases of recovery under these circumstances, and if they were due to any remedy, it was to small and frequently repeated doses of calomel. I would suggest that they being among my last cases of *Diphtheria*, and not having used the calomel to any great extent in such cases before, I would be inclined to use it again under the same circumstances with the same confidence. I believe, however, in the low forms of *Diphtheria* it would be decidedly hurtful.

I believe there is nothing to hope for from tracheotomy in those cases. In two cases where I had prepared myself for this operation, I had reasons afterwards to congratulate myself that I did not operate, as the post mortem examination revealed the fact that membranous deposits had formed in the bronchial ramifications. Emetics can do our patients no good in those cases, but do harm by prostrating the system. The prophylactic treatment must be regarded as very important, from the fact that the attack is often so violent that we have no time to get the benefit of treatment after the attack commences. When *Diphtheria* is prevailing in a family, I am in the habit of putting the whole family upon the use of muriated tincture of iron or vegetable bitters and good diet. This is especially necessary when the disease is prevailing in a low form, as its course is run too rapidly to get the effects of this treatment after the attack has commenced.

Dr. Baskette said :

There is but little that can be said upon this subject that has not already been mentioned by gentlemen who have preceded me. The term *diphtheria* is derived from a Greek word signifying a membrane, and does not express the true nature of the disease under consideration any more than oxygen implies the universal agent in acidification. This

disease has been classified into three distinct forms by authors—as *D. pellicula*, *D. discreta*, and *D. maligna*. The first of these is recognized by a light film covering the tonsils, and frequently the fauces, gradually fading away without any very distinct line of demarcation. There is not much evidence of disease in this form, either local or general. It soon passes away without much treatment. The second variety appears in distinct patches or dots, more or less thickly studding the tonsils, soft palate and pharynx, and has a yellow or whitish appearance, and seem to be elevated above the tissue on which they are located. The tonsils are generally enlarged and present a deep red tint. These patches frequently coalesce and form a more continuous membrane, surrounded by a red border. There is soreness and uneasiness in deglutition, and frequently fever, headache and thirst. This form generally disappears in a few days under judicious treatment.

The third form of this disease is one which may be justly denominated one of the opprobiums of our profession. I shall not enter into any elaborate detail of the symptoms of this form, as others have said enough to give the club a clear insight into its character. We are frequently called to see a child with a hot skin, occasional vomiting, restlessness, etc., but nothing else to indicate the real nature of the malady, with which we have to contend; but on the examination of the throat we find an angry appearance of the tonsils, uvula, and other parts of the throat, showing that there is something seriously the matter with the child.

We discover the tonsils covered with ash-colored patches, while the uvula, pharynx, and sometimes the palatine arches are intensely red.

These patches gradually grow thicker by the exudation under them, and spread until they extend to the nares. This form was not unknown to the older writers on medicine. Cullen speaks of it, and gives a graphic statement of it under the head of *Cynanche Maligna*, and represents it as having ash-colored spots upon an inflamed surface, which unite and cover almost the whole fauces, and falling off leave ulcerated surfaces.

The *angina membranosa* of most authors is the same disease which we now call *Diphtheria*. It is true that some of them confound it with inflammatory croup, making no distinction between coagulated lymph and the fibro-albuminous exudation peculiar to this disease.

The disease frequently extends to the larynx and trachea, and even into the bronchia, as has already been stated

by some of the gentlemen. This exudation frequently falls off to be again reproduced.

It is a constitutional malady, and the local manifestation is a strong convincing proof of the condition of the blood. Blistered surfaces are frequently covered with this adventitious deposit. The disease, as far as I am capable of judging, is adynamic in its character and constantly tends to a ruined vitality. Debility, listlessness and nervous exhaustion mark its course. It generally prevails epidemically.

The great question which interests physicians, mothers and friends, is how to cure it. I wish, Mr. President, that I could teach you and the other members of this club how to manage it successfully and treat it so myself.

As has already been intimated by me, the first two forms of this disease yield very readily to appropriate remedies, simply because they will get well without medical interference, for they seldom, if ever, run into the more malignant form. A strong gargle of alum water, and a swabbing of the throat with a mop dipped in the same, will generally be sufficient. In the malignant form the treatment may be commenced, if seen early enough, by a vomit of ipecac. (syrup or wine.) It relaxes the skin and frequently dislodges the morbid deposits. After its effects are over, a gentle purgative of syrup rhub. and magnesia will generally be sufficient for the beginning. An emulsion of turpentine has seemed to me to do as much or more good than any other remedy I have used. Its peculiar action on mucous surfaces, and its mild stimulant effects in a general way, make it a very appropriate remedy. Chlorate of potassa, quinine, tinc. of barks and the sesqui chloride of iron have all been recommended, and each one failed in its turn. Locally, the tinc. of the sesqui chloride of iron, sol. of the nitrate of silver, tinc. of myrrh, etc., are the remedies that are mostly used.

Dr. Avent said :

That he thought the nomenclature of disease might be greatly simplified by a division into two general classes. If to these a third were added, the definition would be sufficiently comprehensive for ordinary practical purposes. The terms *sthenic* and *asthenic* very well expressed the arrangement to which he alluded. The third partook to some extent of each variety. The last mentioned he had often observed in the early stages of disease, and sometimes found it a barrier to correct diagnosis.

To make himself clearly understood he would place under the head *sthenic all phlogose affections*, such for instance as were characterized by hyperæmia, and attended by an excited

state of the vital forces. Ordinary fevers, pneumonia and other paroxysmal affections belonged to this class. The asthenic, as the term implied, designated the other variety, and was the opposite of the first in most of its manifestations. Typhoid fever he would designate as the representative.

Specific diseases, sometimes denominated idiopathic, whether belonging to the one or the other of these classes, he regarded as dependent upon blood poison, and believed that they might exist for a time without local determination. The tendency, however, in each, was to localization. The great principle which determined the action of poisons to certain tissues, or organs, he could not explain, nor would he attempt to do so, yet the fact was not the less established. It was by this manifestation that we were able to identify different diseases, and in this to recognize the type to which they belonged. Exudation, an invariable result of inflammation always characterized the type of disease in which it existed. He would simply refer to two diseases, which, in his judgment, beautifully illustrated the idea he was attempting to convey—membranous croup and diphtheria. In the former was found the sthenic variety. The local phenomena here were characterized by a living organized membrane, capable to some extent of the performance of function. In the latter (the asthenic) the deposit was totally different, as shown by an unorganized and dead offensive matter. The dissimilarity was further shown in this, that in the former the force of inflammation seemed to be expended by the formation of the membrane, whilst in the latter it continued, its removal being invariably followed by a reformation of the deposit. This identity of type, manifested by the character of exudation, was not confined to the two affections to which he had alluded. He had frequently seen it as clearly characteristic in other diseases where inflamed surfaces were exhibited. This was particularly noticeable upon blistered surfaces in typhoid fever.

Those who had preceded him differed as to the essential nature of the deposit in Diphtheria. He agreed with Dr. Ransom, that albumen constituted the predominant ingredient. He thought this the generally received opinion. He did not, however, go so far as to concede the point that the exudation in all asthenic diseases was the same. He thought the character of the deposit was frequently qualified by the specific action of the capillaries, and they by the nature of the poison originally affecting the blood. The most manifest identity existed in the unorganized nature of the deposit in all asthenic affections, which he regarded as the essential designating feature. This condition might exist even where fibrin

predominated. In the treatment of Diphtheria he always had an eye to the support of the patient whilst passing through its various stages, and whatever, in his judgment, tended to accomplish this object he was in the habit of selecting. He regarded special attention necessary both to the constitutional and local involvements, and invariably urged the importance of good nursing, pure air, and nourishing diet. In the milder forms of the disease he thought but little else was required. He knew of no remedies the effects of which would jugulate the disease. Being a specific disease and dependent upon specific conditions of the blood its stages were alike characteristic. It generally, when uncomplicated, lasted from six to eight days, but occasionally was protracted to a longer period. The paroxysms resembled those of typhoid fever more closely than of any other disease he had noticed, and many of the indications for treatment were similar, whilst he could not say much in favor of special remedies, yet there were several that he had employed with good results. Amongst these he would make favorable mention of tinct. of iron, quinine, and the chlorate of potash. It had also been his custom to use emetics of powdered mustard when the patient could be made to swallow the medicine. He was satisfied that he had witnessed more decided and permanent effects from this remedy than from any one he had used in diphtheria. In cases where there was great nervous prostration, he thought the mustard emetic exerted a powerful influence in exciting and arousing the system. It acted not only as a stimulant, but mechanically, in frequently causing, by the effort of vomiting, the deposit to be dislodged and thrown off. Where the dyspnœa was troublesome he had often vomited his patient two or three times in each twenty-four hours. He recollected one case particularly, a little girl four or five years old, whose life was in great danger, that by thus repeating the emetics was enabled to pass through the several stages of the disease and finally recover. He gave her nothing else. The tincture of iron he thought most applicable in advanced stages. The chlorate of potash he frequently gave during the entire attack.

The local treatment he was satisfied required much caution. He had certainly witnessed bad results from the too frequent application of irritating gargles, particularly when they were swallowed by the patient, as was often the case. Where it could be effected he always removed the deposit at least once in twenty-four hours. A swab, moistened in a solution of chlorate of potash, he had generally employed for this purpose. This medicine he regarded as one of the best gargles. He generally directed his patient to use it in this

way before swallowing the dose. As the disease advanced the inflammation sometimes assumed an indolent character. For this condition he had used, with advantage, spirits of turpentine to the inflamed surfaces. Sometimes, though not often, he had seen the parts ulcerated. He had used nitric acid for this condition, and believed it the best remedy, but would insist on great caution in its application to prevent its extending beyond the parts affected. External applications, such as warm poultices to the neck, frequently repeated, by their relaxing effects upon the skin, were sometimes beneficial. Inhalation of the steam of warm vinegar, from the spout of a teapot, he had seen produce temporary relief where the breathing was difficult.

He had never performed tracheotomy in Diphtheria, and thought the statistics in our profession did not warrant a resort to that procedure. In his own practice he had seen no case in which he thought it admissible.

In conclusion, he fully concurred with those who had preceded him in regarding the disease, especially in some of its forms, as exceedingly dangerous, and had to confess that many had died in his hands.

Dr. Ransom said :

I have been struck by one noteworthy fact in this debate. It is in the agreement of the members of this club in regard to the treatment of this disease. The treatment set forth by Dr. Clayton has been endorsed by all with an unanimity that is remarkable. I have not said anything of the local treatment because I have no confidence in it. I have almost feared that our local applications were injurious. I have serious doubts as to the propriety of applying the nitrate of silver to the fauces, for fear it may involve parts lower down.

The manner of living among my patients has had much to do with the fatality of the disease. The poorer classes generally die. I have seen it stated that sugar prevents the malignancy of the disease, and I believe it, for I have seen it prove more fatal among the poor who were unable to supply themselves with sugar than among those who were able to use it.

Dr. Baskette said :

I have but one more remark to make, and that is a practical one.

When a strong solution of the nitrate of silver, or sulphate of copper, or any other active remedy of that class is used upon the tonsils by a sponge or any other kind of mop, if the physician is not very careful, more of the medicine will be swallowed by them than is compatible with the health of the

stomach, and they will be poisoned by it. I think I have seen children killed by the frequent and injudicious use of such remedies.

Dr. Clayton closed the discussion by saying:

On the subject of diseases being sthenic or asthenic, I would say that there is a peculiar condition which produces an asthenic state. As we generally see it, it is of a typhoid character.

We have two forms of this disease. The first is the gangrenous, which is rapidly developed. Again we have deposits in the trachea, which, in my opinion, is the same disease manifested by too active an inflammation caused by exposure, etc., and in this form of the disease I think Calomel is beneficial.

As to the operation of tracheotomy, or the use of emetics, I do not think they benefit the patient. For it is an inflammatory disease and one which can be benefitted by calomel.

As to this disease being the same as typhoid fever, I do not believe it. In Diphtheria we have sore throat at the commencement, but in typhoid fever we do not have the affection of the bowel until the disease is advanced. The exudation at first is upon the fauces, and goes to the trachea, because it is excited by cold, and it is then in an inflammatory condition, and it is in this condition that we derive benefit from the use of calomel, and can not obtain any good from local remedies. In some forms of the disease, when the throat becomes gangrenous, I have used the nitrate of silver and muriatic acid with advantage. But as a general rule these gangrenous conditions produce death.

Mr. President, as the views of the other members of the club have been fully expressed, I will not prolong the discussion by any further remarks.

REMARKS ON SYPHILITIC LESIONS.

By Geo. W. Lawrence, M. D., Hot Springs, Arkansas.

Syphilis in its primary form ever requires constitutional treatment to prevent secondary consequences. Chancre, as the initial manifestation of it, should never be considered a mere local lesion. During the *incubative stage* the system is necessarily impressed for a *development of action*—the evolution of chancre is the result. The absorption of the virus causes constitutional impressions and provokes conditions and changes in the blood, disturbing its molecular integrity,

controls the original, normal, healthy type of it, which involves the organism in diseased functional action, and produces the dyscrasia incident to the arbitrary stages or accidents of syphilis.

The vital forces, if vigorous, may for a long period resist the altered condition produced by the disturbing influence; but if these forces are left uncared for, without remedial agency, multiplying rapidly in the unnatural or abnormal type, constitutional symptoms will be developed.

With regular habits of life regarding hygienic rules, a strong vital organization will sometimes antagonise the depravity (caused by the abnormal agency) for years if the process of nutrition is active. This fact has given origin to melancholy speculations, calling forth a theory of *spontaneous solution* of this obstinate and loathsome disease, fancying that the healthy forces alone will overcome the impaired systemic condition, and the system will in time regain the healthy standard! Experience for a long period in the treatment of syphilis has fully satisfied me to the contrary, and I hold to the opinion that *syphilitic poison is accumulative*, and every patient requires judicious management to control the impoverished condition of the system and to assist the *normal type of forces* in transformation in effect to eliminate the impurities of the blood poison, lest disease will sooner or later derange the healthful forces of the strongest (systemic) organism, and surely blot the fairest and bend the proudest form of the human mould.

☞ [It is hoped that the positiveness of Dr. L. will, as it was doubtless intended, call forth expressions of opinion, fortified as they best may be, on this subject from practitioners through the country. Dr. L., will of course, courteously defend his own views, and give proper consideration to any adduced evidence to controvert them. In the progress of such inquiries the influence of the Hot Springs of Arkansas will probably be made prominent.—Eds.]

AN ANOMOLOUS CURE OF HERNIA.

By M. K. Harrison, M. D., Brookessville, Mississippi.

Permit me to give you a short sketch of a very interesting and anomalous case of strangulated hernia, which recently happened in my practice. On the 27th of May I was requested to visit Mr. Saxon, a large, portly man, weighing about two hundred and fifty pounds. He told me he had suffered for near three months with intense burning pain in

the perineum, and almost constant micturition, which he attributed to excessive horseback exercise. These symptoms had suddenly disappeared, and he wished me to examine a small tumor in that locality. I did so, and found a small, hard tumor, about the size of a hazlenut, just behind the scrotum, and in contact with the urethra at the bulb. His secretions were all healthy, and he only complained of uneasy sensations in the region of the tumor. Prescribed lead lotion as local application.

The tumor continued to enlarge daily, until it encroached upon and entered the scrotum on the right side.

June 3d. Symptoms more urgent. Scrotum greatly enlarged and very painful; had a chill and fever; tongue coated and dry; pulse excited; bowels acted without medicine; no pain or tenderness of abdomen.

4th. Consultation had and scrotum lanced. Discharged a great quantity of dark and very offensive feculent matter. Patient expressed great relief and took a refreshing sleep. Prescribed an opiate to be taken at night.

5th. Patient rested well during the night and feels quite comfortable. Pulse 80. No action on the bowels. Complains of gas escaping by wound whenever he moves. Prescribed low diet, recumbent position, and Darby's prophylactic fluid as a local application.

6th. Patient still improving. Appetite good. Skin moist. Pulse natural. Evacuated his bowels without pain or inconvenience. Continue prescription.

7th. Patient doing well. Secretions healthy. Discharged by wound a piece of intestine six inches in length, followed by slight hemorrhage. Prescription continued.

8th. Patient suffering from retention of urine. Relieved by warm applications to abdomen.

With no other treatment the patient continued to improve from day to day, and in thirty-five days from the time of operation I had the satisfaction of seeing the wound healed and my patient attending to business.

There are three facts in this remarkable case worthy of attention. 1st. The anomalous position of the hernia. 2d. The absence of symptoms of strangulated hernia. 3d. The rapid convalescence and permanent cure of the patient.

A CASE OF SCLERECTASIA IN CONSEQUENCE OF
SYPHILITIC IRIDO-CHOROIDITIS

By Bolling A. Pope, M. D.—Originally Published in the London Journal of Ophthalmic Medicine and Surgery, 1863.

The examination of the eye which furnished the material for the following notes was made in the summer of 1861, in Wurtzburg. The eye itself was extirpated by Professor Linhardt, and kindly furnished me by Professor Heinrich Muller.

The patient, who was still in the hospital under treatment for the remaining (right) eye, was a woman, of 34 years of age, who was unmistakably syphilitic. She had suffered much from pain in both eyes, and I was informed by the assistant surgeon that the left eye had been extirpated for this reason, and because of the injurious effect which it seemed to exert upon the other eye.

Since the operation the pain had ceased in the remaining eye, and Professor Linhart proposed to perform iridectomy, on account of an opacity of the cornea, and in order to arrest the progress of the inflammation which had already caused partial synechia anterior. In extirpating the eye the optic nerve had been divided closely to the globe.

For examination, the eye was divided by a section through the middle of the cornea, and the optic nerve at its entrance, in such a manner that an upper and outer, and lower and inner half were formed. The section passed near the macula lutea which was with the upper and outer half.

From Fig. 1 it will be seen that the great change in the form of the globe is anterior to its equator. The antero-posterior diameter of the eye, including the thickness of the cornea, and excluding that of the sclerotica, was $25\frac{1}{4}$ m.m. The equatorial diameter exclusive of the thickness of the sclerotica, was about $23\frac{1}{4}$ m.m. The diameter in the plane of the anterior surface of the ciliary muscle, exclusive of the sclerotica, was about 14 m.m. From the centre of the anterior surface of the cornea to that of the lens the distance was about 6 m.m. The lens was $3\frac{1}{2}$ m.m. thick, and in its equatorial diameter 8 m.m. The ciliary processes were stretched, sharp, and directed obliquely backwards. The ends of the processes were from $\frac{3}{4}$ to $1\frac{1}{4}$ m.m. distant from the equator of the lens. From the points of the ciliary processes to the sclerotica the distance was about 2 m.m. The distance from the anterior surface of the ciliary body to the edge or border of the cornea, was at least 2 m.m.; and it was here that the sclerotica was most thinned, with here and there a small circumscribed staphyloma. The ciliary muscle, as might be supposed, was stretched and flattened. The anterior chamber

had entirely disappeared, the iris and false membrane, which filled the pupil, covering the whole posterior surface of the cornea, and being tolerably closely attached to it. The posterior edge of the section through the cornea was irregular (wavy), caused partly by irregularities in the cornea itself, and partly by the irregularities in the false membrane and iris. Several large vessels ran superficially towards the centre of the cornea. The cornea proper presented to the naked eye nothing for special observation, which was also true of the vitreous humour. The papilla nervi optici, for the naked eye, was excavated. The retina presented nothing for special observation. The choroid appeared to be normal, except that for a space of about 4 m.m. backwards from the ora serrata the pigment epithelium remained quite firmly attached, while it had elsewhere, in consequence of the manipulation of the membrane, totally disappeared.

MICROSCOPIC EXAMINATION.

The outer epithelial layer of the cornea was present and showed no very marked change. A superficial network of vessels lay immediately beneath this layer, anastomosing at the border of the cornea with large branches from the sclerotic. The membrane of Bowman was nowhere to be recognized as continuous, appearing only here and there, and then sinking at an acute angle, and disappearing in the corneal substance, as though new layers had been introduced between this and the epithelial layer. The laminated form of the corneal substance was retained, and it remained tolerably transparent. At many points, especially towards the border of the cornea, there was a development of cells which seemed to occupy the place of the corneal bodies (corneal cells), and were probably produced by a proliferation of these. This was the most marked in the outer layers, and where the iris lay upon the cornea. In the substance of the cornea proper were to be seen, upon vertical sections, masses of cells which had the appearance of blood-corpuscles. These masses were generally elongated and parallel to the corneal layers and mostly of a dull, reddish hue, and were in all probability sections through newly formed and forming blood-vessels. The vertical sections were made to include the iris and the false membrane filling the pupil. The membrane of Decemet seemed at times to be wanting; at others, especially where the false membrane lay upon the cornea, it was thrown into waves, which, at times, seemed composed of

two membranes, with or without a layer of intermediate tissue. This may be explained by the irregularity of the posterior surface of the cornea, and the shrinking of the iris and false membrane. It is also possible that the shrinking (atrophy) of these two membranes may have partially loosened the membrane of Decemet from the cornea.

No trace of the epithelium lining this membrane was to be found. At one point the iris, not far from its pupillary margin, seemed to lose itself in the substance of the cornea, which was here indented. From this point sprang what seemed to be a bundle of vessels full of blood-corpuscles. These ran at a large angle to the corneal layers towards the outer surface of the cornea, only, however, reaching about one-half of its thickness. So great was the quantity of blood-corpuscles that the first impression upon observing them was that a hemorrhage had taken place at this point. In the neighborhood of the vessels, in the corneal substance, were cells containing very black pigment.

The ciliary muscle was flattened and atrophied ; its anterior attachment was stretched and hardly discoverable ; and the canal of Schlemm obliterated. The posterior extremity of the muscle contained large numbers of cells.

Very little of the supra-choroidæ remained attached to the sclerotica. The examination of this layer showed the existence, here and there, of masses of cells, similar to pus cells, of various sizes ; cells such as are found in connective tissue, generally united by their prolongations ; and masses of small, delicate, oval, finely granular cells, which seemed to separate in layers, imbedded in a quantity of the finest fibres, which seemed to connect them together. In the middle layer of the choroid cell-proliferation was observable, especially around the vessels in what seemed to be their external coat (which Heinrich Muller thinks to be muscular,) and in the tissue immediately surrounding it. This tendency to increased proliferation in the neighborhood of the vessels was also observable, in some instances, in the case of the nerve stems. Diffused in the vascular layer, especially next the capillary layer, were large members of round, flat, brilliant cells, with a large round nucleus. These cells were first described, as far as I know, by Heinrich Muller, who observed them in a case affected with morbus brightii, and described them as "cells with jagged cavities." This tendency of the nucleus to become jagged was here only exceptionally observed. At that part of the choroidæ, where the pigment epithelium was attached with abnormal firmness, there was a diffuse development of these cells, mixed with a still larger number of those, resembling pus cells. The latter were

found also in considerable numbers as far forwards as the posterior portion of the ciliary muscle. Throughout the whole extent of the choroid the intra-capillary spaces continued more than the normal quantity of cells. The volume of the capillaries was often diminished by the enlargement of the nuclei in their walls, or by cell-development in the intra-capillary spaces. The pigment cells of the choroidal stroma were normal. That portion of the pigment epithelium, which was attached with abnormal firmness, was altered in size and form, and the contained pigment was irregularly distributed.

As above stated, the papilla nervi optici was excavated. The inter-granular layer was, in the region of macular lutea, wavy and shiny, and had the appearance of connective tissue. The rods and bulbs seemed here also smaller than normal. Otherwise the retina presented nothing for special remark.

Blood corpuscles were diffused throughout the whole vitreous body, but were especially abundant near and upon the posterior surface of the ciliary body. There was an abundance of cells observable, often in a state of proliferation, and connected together by their prolongations. In the anterior and most altered portions of the vitreous body cells were observed, exceptionally, which had very much the appearance of cartilage cells. There its substance was much changed, and often presented a glassy, striated appearance. No blood vessels were observable in its substance. Anterior to the ora serrata it was firmly attached. Observed at this part after separation, it presented a network of glassy fibres, which formed a narrow band, passing circularly around its outer surface. It seemed, at times, as though a pale, delicate tessellated epithelium existed upon the inner surface of the hyaloid membrane. These bodies did not seem to contain nuclei, forming, at times masses and at others a single layer.

The order of the principal changes in the membranes of the eye was probably the following: The iritis resulted in synechia posterior and occlusion of the pupil. Fluid accumulation now took place in the posterior chamber, resulting in the pushing forwards of the iris which, under the supposed conditions, must first have come in contact with the cornea towards its great circumference. The fluid increasing, broke up the attachment of the false membrane to the capsule of the lens. The anterior chamber, gradually diminishing, at last disappeared; and as a consequence the iris and false membrane were in contact with the posterior surface of the cornea. The inflammation in the ciliary portion of the choroid, and iris caused the tissue of the sclerotica, in its anterior portion, to become more distensible. This distension

of the sclerotica, together with the pressure exerted by the fluid accumulating in the posterior chamber, caused the observed changes in the form and relative position of the lens, the ciliary body and processes. It is highly probable that the tension of the eye was, at least at the period previous to that, of increased distensibility of the sclerotica, greater than normal; and that this sufficiently explains the condition of the papilla nervi optici. The inflammation of the iris and choroid, the increased tension of the eye as a whole, and the tension of the iris and ciliary muscle will sufficiently explain the hemorrhage into the vitreous body, without supposing that new vessels were formed in it which emptied themselves, and subsequently became atrophied.

DUTIES OF PHYSICIANS.

Reflections Upon Some of the Duties which Physicians owe to the Community and to the Profession, by W. L. Sutton, M. D., Georgetown, Ky.; Originally Published in a Tennessee Medical Journal in 1853.

Modesty teaches us not to obtrude ourselves heedlessly and without due consideration upon the notice of our fellow-men; whilst patriotism requires us to do all, which in us lies to advance the interest of our country; and a proper professional pride urges us to lend a helping hand to advance the usefulness and honor of our profession. These motives of human action are by no means incompatible, yet it is certainly not always very easy to know when we are actuated by a laudable desire to do good, and when we are moved by an itching for notoriety. It is equally difficult sometimes to say whether we are restrained from acting by a becoming modesty, or by indifference or want of industry.

These reflections have risen in my mind upon considering the immense field open to the observation and experience of physicians in the South and West, where cases requiring medical and surgical treatment are so varied, and so numerous; and where, from the very nature of things, the practitioner is frequently compelled to rely upon his own judgment, and to treat the most formidable accidents or disease without the aid or countenance of any brother, whose counsel he would so gladly seek.

In these wilds, whilst the whoop of the Indian and the howl of the wolf were still ringing in the ears of the early settler, a McDowel, a Branshaw and a Deaderick performed surgical operations the accounts of which were received by

the surgeons of the Old World with a scowl of contempt and declared not only unworthy of credit, but impossible. How many analogous exploits sleep in obscurity, or how many equally noble triumphs of skill, achieved in the quiet and unobtrusive treatment of diseases, no man knows.

As in our mountains and valleys vast mines of inexhaustible wealth lie concealed, so scattered through our extensive country there is, or ought to be, an amount of professional treasure, which, if brought to light, would astonish the wisest heads in our land. To inquire why these mines are suffered to be unknown and unworked, and to urge those who are able to develop portions of these treasures, to bring them forth, is the object of this paper.

The time has been when there was a serious difficulty in the physicians of this region communicating the result of their experience to the periodical press. Most physicians, indeed, scarcely knew that such a medium of communication existed—as in fact very few did exist, and those few in the Eastern cities. The intercourse between this region and those cities was slow, laborious and expensive. On this side of the mountains, as well as on the other, there was a general opinion that everything on this side was considerably inferior to what was on the eastern side. The practice of medicine was more laborious, and the habits of our people were little favorable to composition. But great changes have taken place within a few years. We have medical periodicals scattered all over the length and breadth of the land. Whereas it then took about three weeks to make a journey to New York or Philadelphia, now it can be accomplished in two or three days. Since intercourse has become more free, we have learned that we are not so far behind our Eastern brethren as we had supposed. Owing to the great increase of physicians the labor of each is very much diminished.

It is true that, along with these changes, communications from physicians have also increased. But have they increased in proportion to the number, the leisure, or the ability of the profession? I presume not. Surely no one will deny that the man who makes an improvement in the treatment of diseases is a public benefactor. If “the man who teaches us to cause two blades of grass to grow where one grew before, deserves the thanks of his country,” what shall we say of him who, by skill in developing the healing art, increases the duration of life, the health and the happiness of his fellow-men? From these considerations it follows, that it is alike required by patriotism, professional pride, and even individual reputation, that any thing which shall

tend to ameliorate the condition of man, should not be hid under a bushel but set on a candle-stick.

What obstacles stand in the way of performing these important duties? One of the most common excuses for neglecting this duty is "the want of time," "pressing professional duties." It is certainly true that the physician is peculiarly liable to interruption. He may sit down to write an article for the press, and perhaps before he has finished the first sentence, he is required to attend to some case which admits of no delay. This may be repeated time and again, until he becomes entirely weaned from the undertaking. Another excuse is, that periodicals are filled with articles written by visionary men, without experience, and of course of little value. Although there is some truth in this, yet an intimate acquaintance with our journals would show that the objection is by no means valid. Another excuse is, that the notes of cases are so scattered that it is difficult to collect and arrange them for publication. Let us look into these excuses and see to what they amount, and first, as to want of time. It has been admitted that physicians are peculiarly liable to be interrupted, yet there is much time in the life of every physician which might readily be appropriated to giving his experience to the public. Some physicians of most laborious practice, yet find time to write a great deal. I may instance Prof. Meigs, of Philadelphia. The real objection is not want of time, but want of inclination or determination, and of method in arranging time. There is an old proverb, "Where there is a will, there is a way," in which there is much truth. If a physician wishes to see a friend married, or hear a famous orator speak at a given time, he can almost always arrange his time so as to do it. A certain medical friend usually carries writing materials with him; when he is detained for an hour, yet so that his patient does not require constant attention, he devotes the time to writing. It is told of a certain author, that he wrote quite a little volume in the small portions of time which were necessary for his wife to put on her bonnet and shawl, preparatory to taking a walk. Our estates are made of dollars and cents, and our lives of hours and minutes. We have no more right to spend an hour of one without benefit to ourselves or our neighbors, than a dollar of the other. A physician has no more right to let valuable facts lie forgotten or unknown, because he has not *always* the leisure to arrange and publish them, than a farmer has to let his produce rot in the field, because at some particular times, two portions of his business press urgently upon him at once. If he cannot attend to the matter to-day, perhaps he will be able to

do it to-morrow. At any rate, all that is required is, that when the opportunity shall offer, it be seized and appropriated.

As to the States of Tennessee and Kentucky, being so sickly as to require the constant employment of the three thousand physicians who are within their borders, the idea is too preposterous and absurd to need a comment.

But visionary and inexperienced men contribute most of the articles published in the medical journals. If this was true to the full extent of what is implied in the charge, what then? There is no doubt but that it is a matter of pride, as well as of duty, with the editors, to make the journals as valuable and instructive as possible. If they publish essays of inferior quality, doubtless it is because no better are at hand. The journals must be published at the appointed time, and if the erudite and experienced will not step forth, *they* have no right to complain of the want of value in the articles published. So far is this from being an objection, it is, in my opinion, one of the very strongest reasons why persons of experience, and those who think they have observations worthy of attention should give to the profession the benefit of their wisdom. If we shall have journals at all—and surely no one will say that they can or ought to be dispensed with—then certainly we ought to have the best articles which we can procure. I have no experience in editing, but I question whether our editors have much choice in original articles—whether in fact, as many articles of that class are offered as they would like to publish.

Again: The notes taken of cases have been so irregularly recorded, that it would be a great labor to collect and arrange them for publication. This is a serious difficulty. It proves a want of due method in making records of cases; yet by the aid of some industry, they could be brought to light and made available. As a means of remedying the evil, a committee for that purpose appointed, reported to the late meeting of the Kentucky Medical Society, the form for a "case-book," which is peculiarly adapted to the purpose, and which, it is hoped, will soon get into general use. In this book, great facilities for recording cases are given, and whilst each case is kept separate, when the book is opened, a glance shows the names of the patients and the character of the cases there reported.

Backing the considerations of patriotism, professional pride and personal reputation, the National Association, and the State Medical Societies, through their various committees, are making direct personal appeals for facts and information upon almost every point connected with the profession. A

new impetus is given to the profession, and we are individually called on to contribute our mites to make the profession a still greater blessing to the community than it has ever been. Who is so cold, so dead, as not to feel an interest in this great movement? Who is so *busy*, but that he could find some time to arrange and furnish some of the important facts which his busy and eventful life has put in his possession? It is confidently believed that the States of Kentucky and Tennessee contain their full share of professional talents—why should those talents be buried and lost to the world?

May we not hope that a new era has commenced, and that carefully observed facts and important suggestions will be reported to the various committees, and to the journals, in such numbers as to wipe away all reproach as to supineness, indifference, or negligence?

SYNOPSIS.

HYPODERMIC ADMINISTRATION OF MORPHIA.

Jas. Ross, M. D., Toronto. Canada Medical Journal, April, 1866.

Case 1, Feb., 1860. A lady *æt.* 35 years, with hemicrania of the right side for four or five months, recurring in severity every evening. Tried opium, morphia, aconite, arsenic, quinine, iron, &c., with only temporary relief; finally, injected half a grain of morphia, hypodermically, in posterior aspect of arm; in ten minutes produced a peculiar sensation of dizziness in the head, and within an hour pain had entirely subsided, and she fell asleep. Operation repeated every evening for ten days, then every other evening for ten days more, always anticipating attack, when the pain showed but little disposition to return, and was completely routed by three drops tinct. aconite, with thirty drops syrup ferri iodidi, three times daily for a few days. Since enjoys good health.

Case 2, Feb., 1860. Male, *æt.* 30. Had violent pain in the back of his neck, of a neuralgic character, for several weeks, which prevented attention to business. Injected half a grain of morphia into posterior part of arm; gave relief in fifteen minutes—in less than half an hour felt disposed to sleep; found next day that he had passed a comfortable night—pain had slightly returned; repeated injection of same strength, and did the same two days afterwards, each repeti-

tion being followed by additional relief. Followed with tinct. aconite three drops, and thirty of syr. ferri iodidi, three times daily, and the patient was soon able to resume his occupation. Two months afterwards saw patient in good health.

Case 3, Feb., 1860. Female, *æt.* 30, with violent attack of puerperal mania. Her friends had called in three policemen, who, when I arrived were in the act of holding her down in the bed; pupils dilated, struggling violently and talking incoherently. Half a grain of morphia was injected beneath the skin of arm, and at the end of twenty minutes she was quite passive, but did not sleep. Two days afterwards was sent to the asylum, where she died in ten days.

Case 4, Feb., 1860. Young lady, with acute inflammation of left ear, with intolerable pain, greatly aggravated by pouring chloroform into the ear by order of some would-be doctor. Injected into right arm half a grain of morphia. In ten minutes began to feel relief; in half an hour pain was entirely gone, and the patient slept. On next day found that she had slept nearly all night and seemed much refreshed. Continued warm poultice over ear, as ordered previous night, and repeated same injection. On following day appeared almost well, and expressed thanks for the unexpected transition to health.

Case 5, 1860. Male of middle age, with delirium tremens. Restless, stomach much disturbed, pulse feeble, pupils dilated. Injected half a grain of morphia into arm. Was told next day that he had slept nearly all night, and was still inclined to sleep. Ordered small doses of morphia by the stomach occasionally, to maintain its effect, and he made a rapid recovery without further treatment.

Case 6, Jan. 23, 1861. Mrs. D., *æt.* 24. During seventh month of pregnancy had an attack of acute gastritis, from indiscretion. Incessant vomiting, tongue furred, unquenchable thirst, severe pain in epigastrium, increased by pressure, constipated bowels. After cleansing stomach and bowels by warm water drinks and by enemata, administered the whole catalogue of usual remedies, inward and outward, with only palliative result. On the 27th found her much prostrated and unable to retain a spoonful of cold water on her stomach. Injected half a grain of morphia into left arm. In fifteen minutes she closed her eyes in sleep. At the end of half an hour saw her sleeping calmly. The next day at 9 A. M., she was still inclined to sleep; had slept five or six hours during the night without intermission, and had not vomited since the application of the needle. In the evening she was still better, but had slight pain in

her stomach; had taken some gruel, but had no return of vomiting. Repeated morphia injection. January 29. Had slept during night; in the evening still favorable, but complained of pain in epigastrium. Applied needle over epigastrium and injected fourth of a grain of morphia. Jan. 30. Patient comfortable; continued to improve until March 1st; was sent for and found her threatened with same symptoms produced by overloading stomach with indigestible food. Improved under former treatment, but finally died of pleuro-pneumonia of both sides, following the birth of her child.

Case 7, Aug. 1861. Male, *æt.* 25, rheumatism. Ordered mixture containing three drops tinct. ver. viride and eight grains acetate potassa to every teaspoonful. His wife gave him a dessert spoonful, three times the dose directed. Having taken three doses by bed time, he became greatly prostrated. Found him retching violently, a tough, ropy mucus issuing from his mouth, could not speak audibly, pulse barely perceptible, ghastly countenance, skin cold and bathed in sweat, and pupils widely dilated—seemingly on the verge of dissolution. Immediately injected half a grain of morphia into arm; retching ceased in five minutes, pupils contracted in half an hour and he fell asleep. The next day he expressed much satisfaction at the sudden disappearance of his rheumatism. I attributed the cure of the rheumatism not to the morphia, but the verat. viride.

Case 8, Aug. 1861. Female, *æt.* 30, with symptoms of cholera. Case grew worse for several hours upon calomel, opium, morphia, chalk, hydro-cyanic acid and sinapisms to the epigastrium, &c. Nearly half a grain of morphia was injected into arm, with favorable change in patient in half an hour. Next day she was much better, had not vomited during night, and but twice up to 10 A. M., caused by rising up to take a drink; bowels had not moved, had slept some and was still inclined to sleep. More restless in the evening, with slight pains and rumbling in bowels; repeated half grain injection—the patient from this convalesced rapidly.

Case 9, Aug., 1862. Mrs. J. C. had been taken with cholera six or eight hours previous to my arrival. Found her much prostrated, skin pale, cold and bathed in clammy perspiration, lividity of lips, pulse scarcely perceptible at wrist, incessant vomitings and purgings of rice-water character, agonizing cramps, voice husky, hoarse and almost unintelligible—coldness of tongue and fauces was very marked. Inserted half a grain of morphia at once beneath skin of arm. Purging ceased in ten minutes; never vomited after application of needle; and within half an hour lay calm and

quiet in sleep; recovered rapidly, and without further disturbance to stomach or bowels.

Case 10, July, 1863. Old man of 80, seized with cholera twelve hours previous to my arrival—symptoms alarming. Half a grain of morphia into arm; within forty minutes there was relief and he fell asleep, passed a comfortable day. Saw him next day; bowels and stomach still quiet. Being a very old and dissipated man, he gradually sank from exhaustion.

The nausea and vomiting which sometimes follow the use of morphia may be prevented by keeping the patient in the recumbent position till the effects of the remedy have passed off. In over forty cases where I have used the hypodermic needle there has been no local irritation whatever.

TWO CASES OF RUPTURED PERINÆUM.

*Successfully Treated by a New Method, by Samuel Cabot, M. D.,
Boston Medical and Surgical Journal, August, 1866.*

Case 1. Fliza E. F., *æt.* 22, rupture of perinæum of four months duration. Stitches had been put in by a physician, without benefit. Rupture extends through sphincter ani; surface perfectly healed.

Nov. 3, 1864. An enema having been given, the patient was placed in the position for lithotomy, and the integument dissected from the sides and floor of the rupture, which extended upwards from the sphincter a little over three inches. Then two long needles were passed through the sides of the rupture, just above the anus, opposite each other, the ends within the vagina being inserted into a cork, and the projecting ends tied so as to be brought within one-fourth of an inch of each other, the fresh surfaces in their vicinity being thus brought into accurate opposition. Three double-twisted sutures were passed deeply about an inch apart, through the sides of the wound, and, being fastened to pieces of elastic bougie, drew its sides firmly together; three superficial sutures were put in; the sphincter ani muscle was divided on each side of the coccyx, compress and a T bandage. Wound to be well syringed out and urine to be drawn every four hours.

Nov. 24. About one-fourth of an inch open.

The patient's husband writes as follows, on Feb. 27, 1865: "My wife's general health is quite good. As for the wound, it is about two-thirds as large as when she left; it has not closed up any for the last five weeks. The soreness is en-

tirely gone, and she does not experience any serious inconvenience from the aperture that remains."

Case 2, May 22, 1866. Mrs. W., *æt.* 37, had rupture of the perinaeum seventeen years since at the birth of her first child. Has borne two children since. She is a thin, sickly looking woman, has a tendency to chronic diarrhea, and is much troubled with prolapsus uteri. The rupture extends through the sphincter ani and she cannot control her motions. The operation in this case was performed almost precisely as in the other, except that four needles were used instead of two, as in the first case. Two of these were common steel shawl pins, with glass heads; the other two were common long darning-needles. The shawl pins were drawn together till the heads met, with strong silk tied around them. The needles were shortened with cutting pliers, and the external ends were brought about as near together as the pins had been, that is, about a quarter of an inch from each other, and secured in that position by a piece of cork, into which the ends were thrust. The whole wound healed by first intention, except a very small surface within the vagina, which soon healed by granulation.

INTERNAL USE OF CHLOROFORM IN INTERMITTENT FEVER.

By E. McClellan, M. D., Assistant Surgeon U. S. A. American Journal Medical Science, July, 1866.

Private R., Co. K, was admitted to hospital October 29, 1865, upon which day he expected the occurrence of the paroxysm. The nurse was directed to notify me immediately upon the attack. I found him in bed shivering, complaining of severe headache and pains throughout his body—the cold stage fully established. A teaspoonful of chloroform was administered. In a few minutes he experienced an agreeable internal warmth, the surface of his body became less cold, and in seven minutes the chill had subsided; this was followed by a sound sleep of two hours duration. When he awoke he was, with the exception of a slight headache, perfectly well. A purgative dose of blue mass and calocynth was exhibited, followed by the free use of virinia, which completely arrested the disease.

Corporal B. was admitted November 13th, having suffered for two months with intermittent fever. The paroxysm was a mild one; a teaspoonful of chloroform in seven minutes

completely arrested the chill, and in one hour the paroxysm had subsided. There was no reappearance of the disease until May 22, 1866, when during an absence from the post on a pass he was, as he reports, taken with a chill, and was confined to his bed by the attack for ten hours. On the 24th, having returned to his company and being on guard, he was at 11 o'clock, A. M., again attacked. When brought to the hospital he had been but a very short time in the cold stage.

A fluid drachm of chloroform was administered, the chill gradually subsided, and in twenty-three minutes was arrested. The patient, after a sleep of two hours, was perfectly recovered, and has since had no return. On this last occasion the dose was not repeated, in order to note the gradual reaction produced by the remedy.

Private H, Co. L, who had been subject at intervals during the past eighteen months to returns of intermittent fever, was admitted May 26, while under the influence of a chill which had commenced at 1 o'clock, A. M. A fluid drachm of chloroform was administered; in twenty minutes after onset of the rigor. The chill was arrested in twenty minutes, and the paroxysm had disappeared at 12 o'clock M. On the 27th he was again attacked, the chill occurring at 9.30, A. M. He was treated as on the previous day, and at 10 o'clock, A. M., the symptoms had entirely subsided. On the 28th the chill recurred at 11.35, A. M., and under the same treatment had disappeared at 12 o'clock, M. In this case the chills were decided in their characteristics, although of no severity; and it is notable that in each of the three attacks the second and third stages of the paroxysm seem to have been obliterated by the action of the chloroform.

Lieutenant S., of Co. K, who had served for several years as an officer of the English army, in India, where in 1851 he had several severe attacks of intermittent fever, was seized with a paroxysm, October 22, 1865. His case presented the usual aspect of the disease, but of no unusual severity. A fluid drachm of chloroform was administered; in twelve minutes the chill had subsided and the patient was in a sound sleep which lasted about three hours. When he awoke the attack was exhausted. After a free use of quinia the patient remained exempt from the disease until May 20, 1866, when he was again attacked. Chloroform was administered with the same result, since which time he has not suffered any traces of the disease.

Private T., Co. L, had been subject to intermittent fever for four months previous to his admission, April 30, 1866. This man was much debilitated by tertiary syphilis, for which he had been under treatment a length of time. On the 31st

the chill began at 4 o'clock, A. M. A fluid drachm of chloroform having been administered the chill disappeared in ten minutes. During the sleep which followed, the febrile stage occurred with much severity, but upon the subsidence of the fever the patient awoke free from all unpleasant symptoms.

In all thirty-two cases of intermittent fever have been treated with the internal use of chloroform. Those reported are the only cases which have presented points of any interest beyond the cessation of the chill at from five to fifteen minutes after the exhibition of the remedy. In no instance have the slightest unpleasant results appeared. My experience in this respect accords with that of Dr. Hartshorn; that the internal use of chloroform is not attended with the dangers which sometimes attend its inhalation, and that it is a narcotic of the mildest and yet the most powerful character.

ON THE DURATION OF THE INCUBATION OF SYPHILIS.

By Professor Sigmund, (Wien Wochenschrift, No. 18,) B. and F. Med.-Chi. Review, January, 1857.

The longest period within which secondary symptoms of syphilis may first appear is the subject of most opposite opinions; the so-called *latency*, lasting, according to some, for a few months, and to others, for some years. The differences of opinion on this point are due to defective examination and observation of the patient; eruptions, glandular swellings, excoriation of the fauces, &c., are either overlooked or attributed to other causes. A careful examination of the lymphatic glands is of rare occurrence, unless the patient complain of pain. But acutely painful and rapidly suppurating glands are of far less significance, as regards secondary syphilis, than the slowly enlarging, hard, non-suppurating, nearly painless glands. Even an accurate examination of the chancre does not always take place, providing it has cicatrized over—this being, unfortunately, in the idea of most practitioners and patients, identical with a cure. Examining 1,473 cases, occurring in the last five years of the author's practice, with reference to the period of incubation, 293 have been selected either because copulation occurred but once, or only after a long interval had elapsed, and because the characteristic chancre present had under-

gone no essentially influential treatment. The following is the scheme of the period of the respective appearances of secondary syphilis :

	TIMES.								
	In 4th week.	In 5th week.	In 6th week.	In 7th week.	In 8th week.	In 9th week.	In 10th week.	In 11th week.	In 12th week.
Enlarged glands.....	31	44	56	74	46	20	13	9	...
Spots of Skin.....	...	...	2	41	68	45	22	11	2
Papule and pustules.....	...	...	...	3	10	11	24	27	31
Affection of fauces.....	...	...	...	7	22	34	41	41	42

Secondary symptoms may, however, exist without being thus distinctly exhibited, and these difficult cases are only possible of recognition when we have known the patient, and carefully examined him prior to his illness, or from the beginning of his affection. They consist in changes of the skin, which becomes of a white, pale, fawn, yellow, or brownish color; it is wrinkled, dry, harsh, rough; its soft and elastic turgor having disappeared, various disorders of digestion, emaciation, pains in the joints, in the head and neck and muscles, disturbed sleep, loss of spirits. Such cases are rare, but their occurrence is not to be denied. In almost all of them the author found the glands affected, though it may be to a slight extent. The author ignores instances of prolonged incubation-period of syphilis, and lays down the position that when a chancre has healed, and none of the above mentioned appearances are manifested within the first three months, the patient has no cause to fear further syphilitic symptoms, unless re-exposed.

INCONSISTENCY IN THE USE OF ALCOHOLIC STIMULANTS WITH CHLOROFORM.

By G. M. B. Maughs, M. D., Medical Reporter, St. Louis,
June, 1866

The therapeutical incompatibility of alcohol and chloroform is known by the observations that : Firstly, the latter by depressing the action of the heart and arteries, lessens the tendency to hemorrhage, "An active stimulant, by increasing the tone of the vascular system, increases the hemorrhagic tendency." Secondly, chloroform blunts, obtunds the sensibility; an active stimulant exalts it. Thirdly, chloroform produces artificial sleep, unconseiousness; an active

stimulant exalts consciousness, prevents sleep, and as the object of chloroforming is to produce anæsthesia, with the least possible saturation of the system, if we exalt the action of the heart by the administration of alcohol we render a greater amount of chloroform necessary to produce a given amount of sedation; and as the absorption of chloroform continues after the removal of the sponge, we thereby greatly increase the danger of an overdose, and consequently the liability to death, either by asphyxia or syncope, or by the formation of carbonic oxide.

PERFORATING DISEASE OF THE FOOT.

H. G. Pifford, M. D., New York Medical Recorder, May, 1866.

No reference is made in English or American literature to such a malady. In France there have been a few cases reported, and a summary of what is known upon the subject has been given to the profession in a brochure, by A. Delsol. The pathology, nature and treatment of the affection, it is hoped, will soon be made clear from the investigations of American surgeons.

J. B., *æt.* 35 years, good condition entered the Beaujeu Hospital September 19, 1863. Eight months before admission an ulcer appeared on the sole of his right foot, over the prominence of the first metatarsal bone, caused, he thought, by a peg in his shoe. Various dressings were applied without success, until the foot presented the following appearances: At the ball of the great toe there was an ulcer half an inch in diameter, surmounted by a wall of epidermis, very much thickened, with edges clean cut as if punched out. The bottom of the ulcer was composed of a blackish and semi-fluid substance, permitting a view of a reddish, villous tissue, reaching the head of the metatarsal bone, which was found to be carious. The foot exhaled a strong and peculiar odor. Treatment was of no avail; phlegmonous inflammation set in, and abscesses formed at different points, with infiltration of pus among the tendons, so that amputation through the middle third of the leg was performed on the 20th of November. The patient died on the 10th day:

Autopsy—The various viscera were free from organic disease, with the exception of small points of calcification in the aorta. There were also very large fibrinous clots in the right cavities of the heart, extending into the pulmonary artery, together with hypostatic congestion of the lungs. An examination of the foot revealed extensive purulent infil-

tration, with sinuses leading down to the metatarsal bones. There was calcification of the posterior tibial, and internal and external arteries.

CLINICAL RECORD.

A STRANGE CASE.

By *Wm. H. White, M. D.*

March last Ed. Patterson, *æt.* 62 years (formerly a slave) called at my office and gave me the following symptoms and history: Great prostration; a feeling in the region of the stomach (as he expressed it) of "goneness," and inability to do ordinary labor. On a close examination I could discover no general or decided local derangement. The tongue was natural, the eyes clear, pulse feeble but regular, the skin soft and relaxed, but not more so than would be expected from continued nausea. He ascribed his condition to his having a few days before pulled away from near the anus a portion of a fish bone, swallowed twenty-five years ago, at a negro fish fry on Spring bayou in Louisiana. The bone first lodged in the fauces, so firmly as to require much effort to loosen it, which was accomplished by passing his finger around it and pulling sufficiently hard to break the bone, the smaller portion being hawked up, while the larger was caused to pass downward by eating hard crust of cornbread. For five years he experienced no trouble from it, when there was discharged from the bowels for a few days a substance resembling pus, followed by a protrusion of the bone near the anus; in endeavoring to remove it, half an inch or so was broken off and taken away. From that time until a few days since, when the balance of it came away, the only trouble experienced was a momentary acute pain in that locality whenever he had a discharge from the bowels. This piece of bone (which he gave me) is curved, $1\frac{1}{2}$ inches long, of a dark brown color, looking as if had it been soaked in crude oil. The patient soon recovered, without medical aid.

Many queries are suggested by this strange case. Did this bone pass directly down to, or near the point where it was eventually found, or did it remain most of the time in the rectum; or did it immediately work its way out into the cellular tissue, and remain so close to the rectum as to be pressed upon by the passage of the feces? Why should it

remain so long in those soft parts before presenting itself to the surface? Why was it not cut up by the solvent juices of the stomach and intestinal canals; why should its final removal have caused for the time being, such decided prostration?

I think it must have found its way soon after it was swallowed to the rectum, or the solvents would have dissolved its solid constituents. After it became embedded in the soft parts it was soon surrounded by an adventitious sheath, of the same character as has often covered bullets which have long remained in the body without any inconvenience, otherwise it must have acted as a foreign body causing inflammation, suppuration, and tendency to the surface. This membrane being of low vitality was the first portion of the body to give away to the debility of old age, and thereby a shock was caused to the flagging vitality of the whole man.

This patient with the bone was at the time exhibited before the members of the Memphis Medical Association and elicited many interesting comments.

MEDICAL DIAGNOSIS,

With special reference to practical medicine; by J. M. Da Costa, M. D., etc., Philadelphia, Second Edition, one vol., 8 vo.—R.

This work, from the house of J. P. Lippincott & Co., Philadelphia, through the house of C. C. Cleaves & Co., Memphis, was presented for observation and remark too late for the portion of the Monthly designed for book-notices. But it is regarded as by far too important a work to permit delay in calling the attention of the readers of this journal to the fact that a treatise of such inestimable value to the general practitioner can be obtained. It is in itself far superior to any one, and all, of the very many compendiums on the practice of medicine that have been belched from the press and weight the shelves or tables of physicians. Da Costa "sought to offer to the profession a book on diagnosis of an essentially practical character—one neither so meagre in detail as to be next to useless when the manifold and varying features of disease are encountered, nor so overladen with unnecessary detail as to be unwieldy and lacking in precise and readily applicable knowledge." And he has been successful in attaining that for which he sought. As illustrating how much he compresses in very little space the following extract, as appropriate now, is selected.

"It would be needless to go into any minute description of the differences between epidemic cholera and other affec-

tions; its features are not to be mistaken. Cholera-morbus is the only disorder that really resembles it. The dividing line is drawn by the absence of bile, in the discharges, the rice water evacuations, the greater severity and more rapid progress of the symptoms, *the bluish color of the surface in the stage of collapse, and the EPIDEMIC CHARACTER of the more fatal disease.* In the truly epidemic nature of the distemper, and in the speedy collapse, which shows but too plainly that some highly deleterious matter has poisoned the system, lie even in doubtful cases the proof that we are dealing with malignant cholera; for sometimes rice water discharges occur in bad cases of cholera-morbus; occasionally, too, this disorder appears to be epidemic; but it is only so on a very small scale. *To speak more accurately, it is an endemic on a large scale.* We find no proofs of a virulent poison wafted about in the atmosphere, or directly conveyed by human intercourse and traffic and so noxious as to smite animals as well as man."

SELECTED.

THE POISON OF SERPENTS AND THE ANTIDOTES.

The following observations on the poison of snakes and the antidote, being the result of personal experience, may be interesting to some of our readers.

I was many years in India, and during that time witnessed several instances of persons bitten by snakes; and the treatment in which I had great confidence, was the administration of eau de luce or ammonia in full doses.

I had a servant bitten on the finger by a large cobra de capello, six feet long, and decided symptoms of poison appeared before any medicine was administered. I gave a teaspoonful, or drachm, of eau de luce in a wine-glass of water, applied a tourniquet above the elbow, washed the bitten part, which was much lacerated, and applied lunar caustic, and kept the patient moving (walking), supported by two men. The medicine was repeated every ten minutes or quarter of an hour, according to the urgency of the symptoms, and four or five doses were given, when the symptoms diminished, and the patient gradually recovered, but afterwards complained of soreness in the throat from the effect of the medicine.

A medical officer at Gorruckpore, Dr. Butler, informed me he was equally successful in his treatment, which consisted in full doses of laudanum, hot brandy-and-water, and peppermint.

We are totally ignorant of the nature of the poison of the cobra, but it acts in a very short space of time, and, unless strong stimulants be given, soon destroys the vital powers. The blood becomes remarkably fluid, and oozes out from any scratch or puncture.

When at Mhow, in Malwa, in Central India, a groom in our regiment was bitten by a poisonous green snake, common in that part of the country. The poison of the snake, which is described in Russell's book, will kill birds or small animals, but is not sufficiently powerful to destroy the human subject.

The man was bitten near the wrist, and the arm swelled up to an immense size, and he felt uneasiness but no pain. I washed the part, and applied three or four leeches over the bites, and the blood continued to ooze from them for two or three days, and also from two places on the back of the hand, which had been accidentally scratched before he was bitten.

In that part of the country there is a beautiful and venomous snake, of a bright yellow color, with black stripes. It is drawn and described in Russell's book on snakes, under the name of *Ketula retula poda*. This snake is considered more venomous than the cobra, and has very much larger fangs. I have some in my possession from this snake, which was little more than three feet long, but which are about twice the size of those from a cobra six feet long.

When at this station, Mhow, some snake-charmers were exhibiting these and other snakes, and I observed they had a small pot of live charcoal, in which were two or three small iron instruments, made like a tenaculum, of the exact size and curve of the large poisonous fang. They informed me, they always had these ready heated, in case of accidents; that, if bitten, they were immediately applied to the punctured part, and that no ill consequence ever followed. This plan of applying the actual cautery appeared to me so very reasonable and scientific, that I had an instrument made after the same pattern.

The "snake-stone," supposed to be a remedy by some Natives, is a smooth stone, about the size of half-a-crown; it is moistened, and applied over the bitten part. By preventing atmospheric pressure, it no doubt retards or prevents absorption of the poison, and the same, or better effect, would result from the application of cupping glasses, but generally speaking they could not be applied to the bitten part, which is usually on the hand or foot.

Suction will remove the poison. I knew the life of a person saved by an acquaintance of mine; he was bitten in the leg by a cobra, the wound was immediately sucked and no ill consequence ensued.

There is an interesting letter by Mr. Evans, in the *Times* of November 9th, on "experiments with venomous serpents," but they do not tend to any useful or practical result. I have heard of arsenic, and other remedies, but cannot speak of their efficacy from any personal experience.—*London Lancet*.

A CASE OF TREPHINING OF THE SPINE,

Performed by Dr. S. Gordon, is reported in the proceedings of a late meeting of the Royal Medical and Chirurgical Society, as published in the Lancet.

The patient was 31 years of age, who met with an injury of the spine on the 27th of March, 1865. He was thrown from a horse into a ditch, and immediately affected with paralysis of the lower limbs, rectum, and bladder. When admitted into the Whitworth Hospital these symptoms still continued; and a bed-sore had formed, and there was incontinence of urine, which fluid was alkaline, and contained copious muco-purulent deposit. One of the vertebræ in the lower part of the spine was displaced. The operation of trephining was performed June 3d; it lasted fifty minutes, and was not accompanied by much hemorrhage. Soon after the operation signs of improvement were noticed. On the fourth day after it the urine became acid, but did not continue so; sensation improved, and some days later there was an increase of motor power. After some time the urine, which was sometimes alkaline, sometimes neutral, became permanently acid, power over the bladder was restored, and the patient was conscious of the passage of feces. Within eight weeks he was able to go out, reclining in a basket carriage. He has now regained control over the bladder and he can sit erect with ease and comfort; but he cannot stand, or, of course, attempt to walk. His general health is excellent.

In making observations on this case, Dr. McDonnell who reports it, draws attention to the following points:

1. There is nothing in the operation of a necessarily fatal kind; neither is it of necessity followed by exfoliation of bone, formation of matter, etc., which makes convalescence very tedious, if not impossible.

2. He thinks that even those who do not advocate the op-

eration in question, must admit that in this case the operation was the cause of the improvement.

3. Judging from our present experience he recommends that in future cases the operation should be performed early, before structural change has taken place in the cord, and the muscles have fallen into a state of atrophy, from which it is difficult for them to recover.

4. He advocates removing the posterior arches of more than one vertebra, as a proceeding which adds little to the difficulty or severity of the operation, and nothing to its danger, and which gives the patient a better chance of ultimately being able to stand and walk.—*Medical and Surgical Reporter*.

HYPERTROPHY OF THE SPLEEN.

By John L. Feeny, M. D., House Physician of the Seaman's Retreat Hospital, Staten Island, N. Y.

The peculiarity of this case is in the pathological lesions of "intermittent fever," occurring from exposure to malarial poison, without any manifestation of that disease. Not having seen any similar case recorded, I have taken the liberty of sending you the following particulars, supposing that they may not be devoid of professional interest.

Joseph Johnson, *æt.* 35, born in England, by occupation a sailor, was admitted to the Seaman's Retreat, May 2d, 1865, complaining of pain in the left lumbar region. On examination, there was found a circumscribed tumor, extending from beneath the floating ribs on the left side to the crest of the ilium, and transversely from the middle of the left lumbar region to the linea alba. The tumor was smooth, hard to the touch, and of a circular shape; the abdomen was very much enlarged and protuberant, especially at its upper portion. On percussing over the region of the spleen, there was increased dullness, which was continuous with the limits of the tumor.

A diagnosis was made by Dr. S. C. Moffat, Physician-in-chief of the Hospital, of enlargement of the spleen. On interrogating the patient, he said that he had never had either intermittent or remittent fever, and that he knew of no cause for his trouble. He had lived for some six years past in Chili, had been perfectly healthy while there, and stated that the first he noticed of his trouble was during his service in the United States Navy, some three and a half months before his admission to the hospital; that he was stationed off the coasts of Texas and Florida; that there was

a great deal of intermittent fever among the ship's crew, but that he had escaped it, which he attributed to drinking pretty freely of alcoholic stimulants.

Johnson remained for some time in the same condition as when he was admitted, until there was manifest evidence that the tumor was undergoing softening. Local peritonitis occurred; which was followed by a fluctuating tumor, which presented itself on a line with, and about two inches external to the umbilicus, which was opened by Dr. Moffatt, and a considerable quantity of pus was discharged. As long as this discharge continued, the patient was much relieved from suffering, and during this time the tumor very sensibly diminished in size. Early in October, the discharge ceased and the opening closed, when he felt so much better as to take the place of a nurse in the hospital, in which capacity he remained until February 8, 1866, when he gave up his situation, being no longer able to perform his duties. After the discharge of pus had ceased, the tumor again began to enlarge, until it passed about an inch and a half to the right of the linea alba, and extended down into the right iliac region. He now began to complain of severe pains arising from pressure of the tumor. Neuralgia, cephalagia, dyspnea, constipation, and hemorrhoids attacked him by turns, and he was truly, in the fullest sense of the word, a very great sufferer. Life was a burden to him; the only relief which he obtained was by the constant use of morphine, administered generally by the hypodermic method. He died March 19th. During the last few days of his life there was some interference to the return of blood from the head; the jugular veins were much distended; his dyspnea also was greatly increased.

Post-mortem examination, fifteen hours after death, revealed great hypertrophy of the spleen. It was situated superficial to the abdominal viscera, and occupied the dimensions already given. There was adhesion of the parietal and visceral layers of the peritoneum over the surface of the spleen, and marked congestion of the visceral layer. On removing the spleen from the body and placing it upon a balance, it weighed over eight pounds (8 lbs). It was indurated and congested, and presented a cicatrix on its surface corresponding with the situation of the external opening which existed during life. On cutting into its substance, the normal pulpy consistence of the spleen was entirely wanting. It presented a mass of substance looking not unlike congested liver, somewhat friable, and of a very dark maroon color; about an inch to the right of the cicatrix was a circumscribed portion undergoing softening. On

examining the liver, it was found to be hypertrophied to double its natural size and very much congested, weighing nine pounds and four ounces, (9lbs. 4 ozs.) The stomach was displaced posteriorly, and lying against the vertebral column. All the chylopoietic viscera were congested. On opening the thorax, the heart occupied about its normal position, the right cavities were much dilated and filled with coagula; the left cavities were normal in size. The lungs were free and healthy. The space which they occupied was about one-third as large as it would have been in the normal state, owing to the encroachment of the abdominal organs before referred to.

The dyspnœa, congestion of the brain, as well as the organic trouble of the heart, were all referable to the hypertrophy of the liver and spleen.—*Medical and Surgical Reporter.*

A NEW ANÆSTHETIC.—ANOTHER USE FOR PETROLEUM.

The Boston Medical and Surgical Journal has a paper communicated by Dr. Henry J. Bigelow, describing a new anæsthetic. The name "rhigolene," from the Greek word which means extreme cold, is proposed by Dr. Bigelow for a petroleum naphtha, boiling at seventeen degrees Fahrenheit. It is one of the most volatile liquids obtained by the distillation of petroleum, and is applied to the production of cold by evaporation. It is a hydrocarbon, wholly destitute of oxygen, and is the lightest of all known liquids, having a specific gravity of 0.625. Dr. Bigelow, after speaking of the different products of petroleum, says:

"When it was learned here that Mr. Richardson, of London, had produced a useful anæsthesia by freezing, through the agency of ether vapor, reducing the temperature to six degrees below zero, F., it occurred to me that a very volatile product of petroleum might be more sure to congeal the tissues, besides being far less expensive than ether. Mr. Merrill having, at my request, manufactured a liquid of which the boiling point was seventy degrees F., it proved that the mercury was easily depressed by this agent to nineteen degrees below zero, and that the skin could be with certainty frozen hard in five or ten seconds. A lower temperature, might doubtless, be produced, were it not for the ice which surrounds the bulb of the thermometer.

"Freezing by rhigolene is far more sure than by ether, as

suggested by Mr. Richardson, inasmuch as common ether, boiling at only about ninety-six degrees instead of seventy degrees, often fails to produce an adequate degree of cold. The rhigolene is more convenient and more easily controlled than the freezing mixtures hitherto employed. Being quick in its action, inexpensive and comparatively odorless, it will supersede general or local anæsthesia by ether or chloroform for small operations and in private houses. * * * But for large operations it is obviously less convenient than general anæsthesia, and will never supersede it. Applied to the skin, a first degree of congelation is evanescent, but if continued or used on a large scale, the dangers of frost bite and mortification must be imminent."

In 1861 Dr. Bigelow, in experimenting with kerosolenes, of four different densities, found the lightest of them, the boiling-point of which was ninety degrees, to be an efficient anæsthetic by inhalation.—*Medical and Surgical Reporter*.

NEW PREMONITORY SYMPTOM OF CHOLERA.

Dr. Poznanski, in a communication to the Imperial Academy of Sciences, states :

1. That during the prevalence of cholera it frequently happens that the pulse is extremely low, and reduced to forty-five or even forty-two in persons apparently in perfect health. That this symptom is unaccompanied by any other denoting a morbid state. 3. That when the pulse is low, the blood becomes dark and viscous; while in persons whose pulse is in a normal state during the epidemic, the pulse is perfectly healthy. 4. The cholera only attacks those who have previously experienced a diminution in their pulse. 5. That this diminution, which often occurs weeks before the regular attack, may be considered a pathognomic symptom of the approach of cholera. 6. That those who have experienced the diminution in question have always escaped the disease whenever they have followed a regimen calculated to accelerate the circulation. 7. That the falling off of the pulse, and therefore the predisposition to the disease, are in general proportional to the want of energy in the circulation of the blood and to the excess of atmospheric pressure. 8. That this diminution does not occur in healthy subjects when the epidemic has ceased.—*British Med. Jour.*, Aug. 1, 1857.

STATISTICS OF COILING OF THE FUNIS.

Dr. Weidemann states that among 28,430 deliveries the funis has been found coiled around the child in 3,379 instances. In 3,230 of these it was coiled around the neck, and in 149 around other parts of the body. Of the 3,230 cases, 2,546 consisted in a simple coil, and in 684 there were several coils. In relation to the causes of this occurrence, it is interesting to notice that of 1,788 cases occurring at the Marburg Midwifery Institution, the funis was in 80 (1: 22.2) under 15 inches, and in 183 above 25 inches (1: 971) in length; that in 54 (1: 33) there was very little liq. amnii, and in 41 (1: 43.6) there was very much; in 165 (1: 10.8) the child was under five pounds weight, and in 28 (1: 61.7) it was above eight pounds. Therefore, among the favouring causes of the occurrence may be mentioned a long funis, abundance of liq. amnii, and a small child.

Among 2,930 infants born at Marburg 182 (1: 16.09) were dead, and 251 (1: 12.41) were stillborn. Of 725 born with coiled funis, 45 (1: 16.11) were dead, and 72 (1: 10.06) were stillborn. Of the 45 dead-born, in 18 only could the death be referred to this alone *i. e.* only 1: 40.2 in the 725 examples of coiling. From an examination of the figures derived from the midwifery institutions at Dresden, Gottingen, Wurzburg, Berlin, and Marburg, it results that of 13,720 new-born infants, 902 (1: 15.21) were born dead; while in 1,217 instances of coiling of the funis 31 children were born dead, whose death could be attributed to that circumstance, giving a proportion of 1: 39 to the coilings and 1: 19 to the number born dead.

Thus, (1) the 16th child among new-born children in general, as well as among those in which coiling has taken place, is born dead; as (2) the 12th child among the new-born in general, and the 10th among those around whom the funis is coiled is born stillborn; and as (3) in 1 child in 40 only can this coiling be regarded as really the cause of death, it is evident that this accident does not occupy a very prominent place.—*Amer. Journal of Med. Sciences.*

PARALYSIS AFTER DIPHTHERIA.

Dr. Wm. Moore, Lecturer on practice, at Mercer's Hospital, Dublin, in a clinical lecture on paralysis after diphtheria, published in the *Medical Press and Circular*, gives the following case:

Martha L., aged 16, admitted March 20th. Appearance anæmic and dejected, stupid; questions having to be repeated.

generally, before an answer was received. Up till two months before admission, she had been a strong healthy girl; she then got a sore throat, as she described it, which lasted over a month. About a week after recovering from this, she was seized with paralytic symptoms; partial loss of voice, which assumed a *nasal* character; complete anæsthesia of the velum, uvula, and arches of the palate; more marked over the left half of the tongue and toward its base. Taste and smell impaired—but hearing unaffected. Tingling sensation in the lips, which at times felt as if asleep. Fluids only could be swallowed, and these often regurgitated. Dilation of both pupils, especially the right, affecting the eyesight, so far as to prevent reading. Sensation of creeping over the fingers, palms, extending to the elbows, and some sensation in lower extremities, as far as the knees. Pain along the course of the spine generally but especially in the cervico-dorsal region, and when walking she could not keep herself erect, and seemed semi-paraplegic.

The character of the paralysis was progressive. First, the muscles of the pharynx became affected, then those of the tongue, lips, eyes, and upper extremities, and lastly, the lower extremities. The larynx did not appear implicated. Albumen in the urine.

Treatment.—One-twentieth of a grain of strychnia, with one and a half grains of sulphate of iron, three times a day. A liniment compounded of camphor, with chloroform, applied daily along the spine. Diet liberal, good beef-tea, and four ounces of wine. Result after twelve days of this treatment: Can hold herself erect, and walk without drag or ataxy; eyesight so far improved, that she can read for her amusement; senses of smell and taste returning; albumen gradually disappearing from the urine. All the paralytic phenomena, with the exception of difficulty of deglutition, steadily vanishing.—*Med. & Surg. Reporter.*

HOSPITAL NOTES AND GLEANINGS.

Iodoform; Its Use in some Cases of Cancer of the Uterus, Syphilis and Neuralgia.

During a recent visit to the obstetric wards of St. Bartholomew's Hospital, we observed some patients affected with epithelioma of the cervix uteri who were being treated with iodoform. Dr. Greenhalgh informed us that he owed the suggestion of this remedy to Dr. Eastlake, and that he had already employed it in about forty cases. Uncertain as to the strength of this remedy, he had commenced its adminis-

tion in doses of a quarter-grain ; but he had found that a much larger quantity could be certainly taken with impunity, and, he thought with advantage. Latterly he had been giving from three to five grains, made up with bread in a pill, two or three times daily. The cases most suitable for its employment are those where pain is a prominent symptom, and where there is a deposit. In cancer he had reason to think that not only was the pain much mitigated by its use, but the progress of the disease was actually checked. In a case of rheumatic gout, with large deposits about the knuckles, its effects had been very marked. Pain had been subdued, and the deposits in the joints had gradually disappeared. Iodoform, we learn, is also useful as a deodorant. In cancer of the cervix, where there is a very fetid discharge, it is employed with advantage as a pessary in the proportion of one grain to a scruple of cocoa butter. A larger quantity than this is apt to be irritating ; but used in this strength, the material has a remarkable effect in conquering the terrible fetor which is so distressing in this disease. Iodoform is unhappily not a pleasant substance. It possesses a powerful odour of peculiar kind, which some one described by the term "concentrated seaside." Notwithstanding this disadvantage, the patients did not complain of any unpleasant effects. In one case only did it produce sickness, and that speedily subsided. Iodoform was discovered, Dr. Eastlake tells us, by Serullus in 1824, and is produced by the action of iodine and alkalies or alkaline carbonates on wood spirits, alcohol, or ether. It will be seen that Mr. Nunn's experience of its internal use in cancer is not so favourable as that of Dr. Greenhalgh. It is evident, indeed, that we require a very much more extensive trial of the drug before we shall be entitled to form any strong opinion as to its merits. But the facts already noted are at least interesting, and suggest further observation :

At the suggestion of Dr. Eastlake and Dr. Greenhalgh, Mr. NUNN, has administered iodoform in a series of cases in Middlesex Hospital, as a sedative in cancer. In the majority of cases, the patients had become accustomed to the use of morphia ; in estimating, therefore, the advantage of the drug, that fact has to be borne in mind. Mr. Nunn states his belief to be that, as a sedative, when given internally, iodoform is very uncertain, if not powerless ; applied externally it alleviates pain. He has found, however, in obstinate syphilitic ulcerations, reason to hope that iodoform may prove a valuable remedy. The usual dose was one grain in a pill ; in one or two cases five grains were given, without better result as regards relief of pain, and with the disadvantage of producing nausea and sickness.—*Lancet Med. News.*

CAPSICUM IN DELIRIUM TREMENS.

In the hospital reports of the *Medical Press and Circular*, the value of capsicum in delirium tremens, is highly spoken of.

In Dr. LYONS' practice some well marked cases have occurred. A tavern waiter of chronically intemperate habits, was admitted to the Whitworth hospital in the first stage of the disease. There was tremor in almost all the muscles; chilliness, debility, sleeplessness, foul tongue, severe and general uneasiness, but no illusions, horror, or delirium, to any degree. A single twenty-grain dose of capsicum, given in a bolus, induced sleep and full convalescence, the disease having been peremptorily cut short.

Another case illustrates the success of the drug when opium had completely failed to alleviate the symptoms, and rather seemed to aggravate the patient's condition. The case was that of an individual who had taken six grains of opium, within a period of two or three days, without sleep being procured, or any relief to the illusions, tremor and general distress. After a twenty-grain dose of capsicum in bolus, profound and refreshing sleep for twelve hours was induced, and the patient awoke conscious and restored. In an almost precisely similar instance, a thirty grain dose had to be given a second time before full relief was procured. In one or two instances of individuals of confirmed and extremely intemperate habits, it was found necessary to repeat the dose some three or four times.

Regarding the physiological action of the remedy, Dr. Lyons' explanation is, that it produces a powerful stimulant and sedative influence by its direct action on the gastric filaments of the vagi. Slight uneasiness in the stomach has been complained of in one instance only after its use, and in two instances, somewhat smart purgation was noticed, but without evidence of intestinal or other irritation.

As at present employed, the drug is administered in bolus made up with honey of roses. But Dr. Lyons suggests the feasibility of giving it in capsule.—*Med. and Surg. Reporter.*

EFFICACY OF PERSULPHATE OF IRON AS A
HÆMOSTATIC.

By W. A. Weatherby, M. D., of New York.

Two very marked cases of the efficacy of Monsel's salt as a styptic have recently come under my notice, one of which suggested, I believe, a new use for this article. I present the results of my observation and experience in the hope that they may prove not altogether unacceptable.

CASE I. On March 3rd, of the present year, Dr. S. T. E. Beck, of No. 40 Bond Street, New York, and myself were suddenly called in the case of Mr. M. S., the well-known musical agent and manager, upon whom one of the most skillful surgeons of this city had, a few hours previously, performed the operation of excision of the tonsils in a very satisfactory manner, and with apparent safety to the patient; excessive hemorrhage in such cases being of rare occurrence. On our arrival, however, the blood was flowing at a very rapid rate; and, judging from appearances, the patient, who already had begun to show signs of syncope, had lost some forty or fifty ounces. We procured a drachm of Monsel's salt as soon as possible, and with a moistened probang covered with the powder touched the bleeding parts.

The effect was almost instantaneous: but lest there might be a recurrence of the difficulty, we dissolved the remainder in water, to be used as a gargle. The further management of the case was, as usual, very simple, and not a drop of blood flowed from the parts after the first application.

CASE II. This case is more singular in many of its features, and may, perhaps, suggest a more extended use of this preparation than has heretofore been made.

During the night of April 25, 1865, I was called, perhaps more to fulfil the requirements of decency than from any confidence in the efficacy of my services, to visit Dr. L. N., of this city, who was suffering from an alarming attack of hæmoptysis, which had failed to yield to the more usual remedies, as lead, opium, &c. It had been preceded for several weeks by a severe cough, profuse, purulent expectoration, extreme emaciation, and in fine, by all the symptoms incident to that slow but sure destroyer, consumption. The patient himself was aware of his position, and had lost all hope of recovery but begged me at least to make an effort to prolong his life for a few hours that he might dictate some last bequests to his friends abroad. Emboldened by my previous success with the article, and reflecting that all the usual legitimate preparations had failed, I sent for some *persulphate of iron*, very dry, and reduced to an impalpable powder. A small quantity of this was administered by *insufflation* into the lungs every hour during the remainder of the night and the following day. The success in arresting the hemorrhage was *perfect*, and encouraged by this, I was induced to experiment still farther in correcting the discharge of matter from the lungs. Directing its use in the same manner, though with less frequency, for some time, and assisted by the action of general remedies, I soon had the satisfaction of seeing my patient leave his bed, his room and in a short time, his house;

and now, in a few months afterwards he is prosecuting a large and successful practice in his profession, subjecting himself to all its arduous duties with no inconvenience or ill health.

I merely submit these facts as hints to the profession to examine more fully into the uses which this preparation may be made to serve.—*Amer. Journal Med. Sciences.*

EXPERIMENTS CONNECTED WITH THE EFFECTS OF THE SULPHATE OF QUINIA AND CINCHO- NIA UPON THE HEALTHY PULSE.

By D. B. Elson, M. D.

The experiments the first day in the first series, show the pulse without quinia. Those of the second day show the effect upon the pulse of two grains of quinia taken every half hour. The third, the effect upon the pulse of five grains of quinia taken every half hour. The fourth, the same. The fifth, the effect upon the pulse of ten grains of quinia taken every half hour. The sixth, the effect of twenty grains of quinia taken every half hour.

In the second series, the experiments of the first day show the effect upon the pulse of five grains of the sulphate of cinchonia, taken every half hour. Those of the second show the effect upon the pulse of ten grains of cinchonia, taken every half hour. Those of the third, the effect of twenty grains of the sulphate of cinchonia every half hour.

The detailed results are omitted, the means only being given.

Daily Means Calculated from the Detailed Observations.

	Day of ob- servation.	No. of ob- servations.	Mean pulse of each day's observations.
No. medication.....	1	6	70 1-3
2 grains of quinia every half hour till 5 doses are taken.....	2	5	70 4-5
5 grains of quinia every half hour till 8 doses are taken.....	3	8	69 3-8
5 grains of quinia every half hour till 3 doses are taken.....	4	3	69 1-3
10 grains of quinia every half hour till 10 doses are taken.....	5	10	69 3-5
20 grains of quinia every half hour till 10 doses are taken.....	6	10	73 3-8
5 grains of cinchonia every half hour till 11 doses are taken....	1	11	76 10-11
10 grains of cinchonia every half hour till 12 doses are taken...	2	12	78 1-6
20 grains of cinchonia every half hour till 11 doses are taken....	3	11	94 8-10

The quinia, while it increased the volume of the pulse, did not appear very much to influence its rapidity, while the cinchonia decidedly accelerated it.—*Amer. Jour. Med. Sciences.*

ANTAGONISM OF CHLOROFORM AND ETHER.

Dr. Greenhalgh stated at the meeting of the Obstetrical Society of London (Feb. 7, 1866,) that some time since he had requested Dr. Sansom to administer chloroform to a lady during the removal of a large polypus from the uterus. She was extremely anæmic and feeble, from large and frequent losses of blood occurring over a period of two years and a half. She had a damaged heart, and a profuse sanious and offensive discharge from the vagina. Shortly after the administration of the chloroform, and before complete anæsthesia was induced, her pulse began to falter, her breathing became embarrassed, and her countenance livid. Dr. Sansom, without delaying inhalation, substituted ether with the best results. Dr. Greenhalgh begged to ask that gentleman if he had adopted a similar practice in other cases with good effects; and if so whether he considered that the vapour of ether could be regarded as an antidote to the evil consequences of chloroform, and whether he could offer any physiological explanation of how such beneficial effects are brought about.

Dr. Sansom replied that it was his constant practice to administer ether if in any case chloroform seemed to produce a depressing effect. Indeed usually, in prolonged operations, he thus maintained the anæsthesia. The substitution, or rather addition, was never attended by any return of sensation. He always found that the plan answered admirably; it certainly restored the force of the circulation. It was perhaps premature to explain the *rationale* of the procedure; but he would remark on the singular circumstance that whereas chloroform tended to empty the blood-corpuscles, ether tended to distend them—chloroform reddened the blood, and ether darkened it. There thus existed, as it were, a natural antagonism amongst agents of the anæsthetic class. Again, they influenced differently the sympathetic system. Ether would cause contraction of the heart and arteries even during the period of the influence of chloroform, and the bichloride of carbon did the same in a marked degree.—*Medical Times and Gazette*, March 24, 1866.

CAMP FEVER—(TYPHO-MALARIAL FEVER.)

On account of the great mortality resulting from it, this was, during the first two years, the most important of the diseases of the army. Under the general designation of camp fever all those cases are included which were reported, during the first year of the war, under the heads of typhus, typhoid, common continued, and remittent fevers; and, during the second year, under the heads of typhus, typhoid, typho-malarial, and remittent.

Using the term camp fever, in its broad sense, as including cases of enteric fever, complicated by malarious poisoning, or the scorbutic taint, the whole number of cases, during the first year of the war, was 74,619; the deaths 6,315; during the second year, 138,641 cases, and 13,144 deaths—the total for the two years being 213,260 cases, and 19,459 deaths.

The annual ratio of cases of camp fever per 1,000 of mean strength for the two years was 242.34, and the ratio of deaths for the two years 20.80. Each year about one quarter of the men suffered from some form of the fever, and the deaths amounted to about two per cent. of the strength. The whole number of deaths from these fevers during the first year was nearly one-half the total mortality from disease; during the second year, owing to the increased mortality from other diseases, and especially from diarrhœa and dysentery, only about one-third the total mortality from disease, though still maintaining nearly the same ratio to strength.

Camp fever was much more frequent in the Atlantic and Central regions than in the Pacific. In the Atlantic region, during both years, the number of cases was somewhat less than one-fourth the strength; the deaths for each year about 17 per 1,000 of strength. In the Central region the ratio of both cases and deaths was much greater during the first year than the second. During the first the cases amounted to nearly one-third of the strength; the deaths to about 32 per 1,000 of strength. During the second year the cases were somewhat less than one-fourth of the strength; the deaths 24 per 1,000 of strength.

The modifying influence of region on the mortality is shown strikingly by comparing the deaths with the number of cases. In the Central region there was one death to every 9.7 cases for the first year; one for every 9.3 for the second. In the Atlantic region one to 14 cases for the first year, 1 to 12 for the second. In the Pacific region, as there were but eleven deaths in the first year, and six in the second, much importance cannot be attached to its ratios.

A comparison of the monthly ratios of cases to strength in each region indicates the autumnal character of many of these fevers, and confirms the idea of a malarial element in their causation. In fact, the season wave for camp fever during the first year of the war is similar in many respects to that of the intermittent fever, the malarial origin of which is universally admitted. During the second year the season wave, which in other respects is similar, is somewhat masked by the large figures for July and August in the Atlantic and Central regions. This deviation may be due to the character of the campaigns of the great armies in these regions, and the location in which they operated.—*Extracts from Circular No. 6, Surgeon General's Office.*

Dr. Th. Clemens, of Frankfort-on-the-Main, continues and concludes, in the last numbers of the "*Deutsche Klinik*," the able exposition of the superior *tonic, alterative and resolvent* properties of his solution of arseniated bromide of potassium. Our space at present excludes more than the mere reference to his highly interesting and instructive cases.

Dr. Clemens' method of cauterization of the urethra, by introduction of a bougie anointed with a solution of argent nit. scruple j, in pure glycerine f drachm j, is from experience, very highly recommended in the treatment of the most obstinate cases of chronic gonorrhœa and gleet.—*Medical and Surgical Reporter.*

EDITORIAL.

MEDICAL POLITICS.

"The profession to which we belong once venerated on account of its antiquity, its various and profound science, its elegant literature, its polite accomplishments, its virtues, has become corrupt, and degenerate, to the forfeiture of its social position, and with it, of the homage it formerly received spontaneously and universally." * * * *

"We seek only as an attainable good, in soberness of thought, a reform in medicine enacted by a proper regard to its future good and usefulness."

President Chapman's address to the first annual meeting of the American Medical Association.

"In a country where every individual has the largest opportunity of promoting his own happiness, and perpetuating it in his posterity, the medical profession, not overshadowed by an hereditary aristocracy, enjoys pre-eminently a high social position, and for all legitimate objects a commensurate influence. Of that profession in the various States of the Union, you are the representatives here assembled, to lay deep and broad the foundations of its future usefulness. History is writing her page; let it be one on which the profession everywhere and in future time, will dwell with pride."

President Stevens' inaugural address to the first annual meeting of the American Medical Association.

Chapman and Stevens, in 1848, represented the age and wisdom of the profession, in which they had zealously labored from early youth till time had whitened their hair and opportunity had furnished them material with which they had built for themselves enduring monuments of fame, the capstones of both, each regarded as having been furnished by the homage paid by the physicians of the nation, by which both were Presidents of the first annual meeting of the great professional congress of the American continent.

There is a similarity of purpose enunciated by the two

Presidents, a proper regard for the future glory and usefulness of the profession ; albeit there is wide difference in the estimate or appreciation, each has of the respect demanded, commanded and received by the profession—the dignity, learning, and virtue of which was represented in the persons of both in position. The condition of degradation even to the forfeiture of its social position, and loss of the homage it formerly received, saved indeed from positive anathema only by “numerous members of it who still retain the qualities by which it was formerly distinguished,” as declared by one, is affirmed by the other to be attended by circumstances indicating the full measure of stature in commanding influence for all legitimate purposes.

Notwithstanding their seeming or real difference in opinion, the oneness of expectation entertained by these fathers of the American medical profession is evident ; they looked to the American Medical Association as the instrument by which the glory and usefulness of the profession would be not only sustained, but enlarged and perfected. That was near twenty years ago. One-fifth of the century has been occupied by the American Medical Association in labor ; and what has been accomplished ? The question is asked in no disputatious or oppugnant spirit ; but with a desire that an honest review of the labor of twenty years may be made, and a just conclusion be seriously attained regarding the kind and degree of respect proper to be paid to the American Medical Association. And this for the purpose of pruning it of errors of habit, if it has contracted any, of refitting any gaping joints, removing any evidences of decay, and furnishing new and proper material where it is wanting, that strength may be given to the organization to prosecute the objects of its formation.

Twenty years ago the first President of the American Medical Association declared that “the profession is environed by difficulties and dangers, arising mainly from the too ready admixture into it of individuals unworthy of the association, either by intellectual culture or moral discipline by whom it is debased ; and pertinently asked if the members of the association are not imperatively instructed to

purify the profession of its taints and abuses, and restore it to its former elevation and dignity?"

To lop off parasitical growths and prevent the adjunction of unworthy individuals, was certainly the principal object contemplated by the formation of the American Medical Association. Already, according to the affirmation of President Chapman, who had for more than half a century witnessed the growth of the profession in a growing nation, and the characters of the representatives then assembled in the Association sustained the affirmation,—“already had the spirit of philosophy begun to be infused into the profession, creative of real and substantial improvement in its theories and modes of practice, raising it from a low and conjectural art to a place among the legitimate sciences, by which great good is already attained, and further benefit of inestimable value promised to suffering humanity.” All this had been done in the progress of time, by the development of mind in the disenthralment of man, and individualizing thought, and responsibility and honor; “giving each one the largest opportunity of promoting his own happiness and perpetuating it.” Under the influence of such liberty and the individualizing of effort, with honor and competency in view, the medical profession had been raised from a low and conjectural art to a place amongst the legitimate sciences, until not overshadowed by any improper restrictive influences or monopolies, it enjoyed pre-eminently a high social position, and for all legitimate objects a commensurate influence. And this had been accomplished during the growth of a new government from colonial dependency, in its rapid progress to place amongst the first of nations, and without distinct professional organization, by practitioners governed alone by the principles of general ethics, and their sense as individuals of proper honesty, correct deportment, and true honor. The men who contributed largely to the production of such effects, and had sustained the dignity of their profession in the practice of the sober virtues, and the preservation of their own characters as gentlemen, esteemed it probable that the force of their individual influence would be augmented and made more efficient if properly organized and brought to bear in combination.

Such, presumptively, were those who formed the American Medical Association. They loved their profession because they knew its capacity to minister for the benefit of suffering humanity ; and they deplored its prostitution by bad, designedly bad men, whose influence they sincerely desired to limit or wholly destroy, thereby enhancing the welfare of mankind and dignifying their own calling. Of course the honor and glory of a profession can not be promoted by the consideration of any object, or the adoption of any procedure that has not root in the one grand motive of good will to man. The great evils accruing to humanity from improperly disciplined or inferiorly qualified practitioners of medicine constituted twenty years ago, as it does now, the impediment preventing the full development of medicine as a profession exhibiting its fruits in the golden effects of alleviation and cure, wherever and whenever its votaries administer. It has been said that there are more in the church professing christianity than practice its behests, and illustrate its principles ; and in the profession of medicine it is probable there are more who look to lucre from the vocation than have regard to the beneficence of the profession. Hence, amongst the first enactments by the American Medical Association were some designed, doubtless, to direct the attention of the general public to those who, not content with the emoluments legitimately derived from the discharge of the ordinary duties of the practitioner of medicine, formed, for pecuniary advantage, combinations with, or themselves became, apothecaries. The professional ethics declare that any connection with, or moneyed interest in, apothecaries' stores, on the part of physicians, should be discountenanced, and members of the profession individually are expected to give efficiency to the law of the Association by declining under any and all circumstances any association with a practitioner thus offending, by which his assumption of professional status would be acknowledged. To meet in private consultation or public conference an individual practicing as a physician and having any direct or indirect monetary interest in an apothecaries' store, would render a physician, who acknowledges allegiance to the American Medical Association liable to charges, and

subject him to anathema for failing to labor "to purify his profession of its taints and abuses, and to restore it to its former elevation and dignity." This is according to the law of the organized congress of the American Medical profession. What has been its effect? Has it prevented physicians trafficking as apothecaries, or restrained apothecaries from practicing medicine? And, are there now any physicians who are acknowledged as competent, who consult with the trafficking physician or the apothecary practicing medicine? Will not an affirmative answer to the last question make it manifest that either, the law is essentially wrong, and the great Association has detracted from the influence the profession should properly wield, by attempting to make practical a matter not feasible: or, that there is not courage enough in the practitioners of to-day to apply the edicts and rules, uttered and laid down by the wise men who have gone before them? In either case is not the law the cause of offence, and its presence on the statute-book a continual reminder of the inability of the Association to accomplish the objects of its formation?

"THE MEDICAL AND SURGICAL MONTHLY."

This number completes the first volume of the Medical and Surgical Monthly.

The effort to establish a Medical Journal in the city of Memphis, has not been attended by all the pleasures that the uninitiated might picture as appertaining to the position of those having charge of such an effort.

The editors have received encouragement from abroad commensurate with the energies they have expended. But as much cannot be said of the support received from the mediciners of the city itself. Of the several hundred proposing for the confidence of the people of this city, a fraction less than one hundred have been authoritatively placed on our list of subscribers; and of the several hundred who are anxious to discharge the duties of the practitioner of medicine, scarcely a dozen have come forward to aid in the heavy task of keeping the results of observation and the conclusions of reflection on record for the benefit of others now living,

and acting, and of such as may hereafter live and act in the same capacity. The fact is stated, not complainingly, but only as all facts should be stated, and left to be applied in such connections, and under such circumstances, as those who choose to use it may think best.

Whether a practitioner can be indeed and in truth a physician without being a student, is hardly a question; and the idea seems to be absurd that any one can be a student without frequently questioning, and, as he finds his questions difficult to be answered, committing the process of examination and results to record. If this is true, the absence of any evidence of such a habit in the body of a large number engaged in any vocation, is presumptive testimony that its members do not profoundly think, "do not," as suggested by Bacon, "question much, and therefore do not learn much."

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The editors feel that they have tried to do their duty, and with this unction in defeat, they retire from the contest.

THE
MEDICAL AND SURGICAL
MONTHLY.

MEMPHIS, - - TENNESSEE.

Vol. I.

MARCH, 1866.

No. 1.

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THE
MEDICAL AND SURGICAL
MONTHLY.

MEMPHIS, - - TENNESSEE.

Vol. I.

JULY, 1866.

No. 5.

EDITORS :

FRANK A. RAMSEY, M. D.

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E. MILES WILLETT, M. D.

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The Faculty take pleasure in referring to the cumulative evidence afforded by the success of this College, in behalf of the importance of the union of clinical and didactic teaching. The class in attendance during the Session of 1865-66 numbered 470, the number of graduates being 172. The new building within the hospital grounds affords ample accommodations.

The Faculty have instituted a Summer Session, beginning on the first of April, 1867, and ending in the following July. This Session will embrace didactic and clinical lectures. Henry D. Noyes, M. D., has been appointed Professor of Ophthalmology in the Summer Faculty; J. Lewis Smith, M. D., Lecturer on Morbid Anatomy, and Foster Swift, M. D., Lecturer on Diseases of the Skin. Professor W. H. Van Buren, M. D., has been appointed to a newly created Professorship of the Diseases of the Genito-Urinary System. Professors Doremus, Elliott, and Flint, Jr., will, in addition to the foregoing, take part in the Summer Session. A further account of this Session, with the fees and regulations, is contained in the annual circular for 1866-67.

The usual preliminary Autumnal Session will commence on Wednesday, Sept. 12, 1866, and continue four weeks. Instruction during this term will, as hitherto, consist of didactic lectures on special subjects, and daily clinical lectures. The lectures in this term are given exclusively by members of the Faculties. The regular Winter Session will commence on Wednesday, October 10, 1866, and end about the 1st of March, 1867.

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For the Annual Circular giving further information, address the Secretary of the Faculty, Prof. AUSTIN FLINT, JR., Bellevue Hospital Medical College.

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MONTHLY.

MEMPHIS, - - TENNESSEE.

Vol. I.

AUGUST, 1866.

No. 6.

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The Faculty take pleasure in referring to the cumulative evidence afforded by the success of this College, in behalf of the importance of the union of clinical and didactic teaching. The class in attendance during the Session of 1865-66 numbered 470, the number of graduates being 172. The new building within the hospital grounds affords ample accommodations.

The Faculty have instituted a Summer Session, beginning on the first of April, 1867, and ending in the following July. This Session will embrace didactic and clinical lectures. Henry D. Noyes, M. D., has been appointed Professor of Ophthalmology in the Summer Faculty; J. Lewis Smith, M. D., Lecturer on Morbid Anatomy, and Foster Swift, M. D., Lecturer on Diseases of the Skin. Professor W. H. Van Buren, M. D., has been appointed to a newly created Professorship of the Diseases of the Genito-Urinary System. Professors Doremus, Elliott, and Flint, Jr., will, in addition to the foregoing, take part in the Summer Session. A further account of this Session, with the fees and regulations, is contained in the annual circular for 1866-67.

The usual preliminary Autumnal Session will commence on Wednesday, Sept. 12, 1866, and continue four weeks. Instruction during this term will, as hitherto, consist of didactic lectures on special subjects, and daily clinical lectures. The lectures in this term are given exclusively by members of the Faculties. The regular Winter Session will commence on Wednesday, October 10, 1866, and end about the 1st of March, 1867.

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 Frank H. Hamilton, M. D., Professor of Military Surgery. Fractures and Dislocations, and the Principles of Surgery; Lewis A. Sayre, M. D., Professor of Orthopedic Surgery; Alexander B. Mott, M. D., Professor of Surgical Anatomy; W. H. Van Buren, M. D., Professor of Diseases of the Genito-Urinary System; Isaac E. Taylor, M. D., George T. Elliott, M. D., Fordyce Barker, M. D., Professors of Obstetrics and the Diseases of Women and Children; Benjamin W. McCready, M. D., Professor of Materia Medica and Therapeutics; Stephen Smith, M. D., Professor of Descriptive and Comparative Anatomy; Austin Flint, M. D., Professor of the Principles and Practice of Medicine; R. Ogden Doremus, M. D., Professor of Chemistry and Toxicology; Austin Flint, Jr., M. D., Professor of Physiology and Microscopy; N. R. Mosely, M. D., Demonstrator of Anatomy; J. W. Southack, Jr., M. D., Assistant Demonstrator of Anatomy and Prosector to the Chair of Operative Surgery and Surgical Pathology; Henry G. Piffard, M. D., Assistant to the Chair of Principles and Practice of Medicine; Lucien Damainville, M. D., Assistant to Chair of Military Surgery, etc., etc.

Fees for tickets to all the lectures during the Autumnal and the Regular

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Students who have attended two full courses in other accredited schools receive all the tickets for \$70, exclusive of the Matriculation Fee. Students who have attended two full courses in this College, or after one full course in this College having previously attended a full course in some other accredited schools, are required to matriculate only. Graduates of other accredited schools, after three years, dating from the time of graduation to the end of the term, are required to matriculate only; prior to three years they receive a general ticket for \$70.

Payment of Fees is invariably required at the commencement of the Session. There are no exceptions to this rule.

Students on arriving in the city are requested to report at once at Bellevue Hospital, situated on the East River, between 26th and 28th streets, and inquire for the Janitor of the College, who will take pains to aid them in securing comfortable accommodations without delay. Entrance to the Hospital is on 26th street.

For the Annual Circular giving further information, address the Secretary of the Faculty, Prof. AUSTIN FLINT, JR., Bellevue Hospital Medical College.

*The fees in this College are raised in common with the Colleges of New York and Brooklyn, Philadelphia and Boston.

July 31

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